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11203

W. J. Mornieul

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1111	•
ea.	Dist.	No.	302	

4.4.	400							Reg.	Dist. No		Carrier .
DE COUNTY WE	shington		MARYL		2. USUAL RESIDENCE (b. COUNT			fore adm	ission)
b. CITY OR TOWN (III and give nearest town Rura 1	m 11 / 1 m	- 79.1	ENGTH OF STAY IN	- []	c. CITY OR TOWN (I	If outside co	rporate limits, write	RURAL o	nd give r	eorest to	wn) 🗸
	AL OR INSTITUTION (d. STREET ADDRESS R # 1					ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	John Albe		Middle ow Amaba.u	igh	Last	4. DATE OF DEATH	Month Oct.		Day		fear 1957
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	-	DATE OF BIRTH June 11,189	5	9. AGE (In years last birthday) 62 yrs.	Months	Days Days	Hours.	Min.
during most of working Molder	ON (Give kind of work of life, even if retired) Foundry			DUSTRY	Penna	e or foreign	country)	-	USA	F WHAT	COUNTRY
13. FATHER'S NAME	Unknown				14. MOTHER'S MAIDEN Unknow	_					
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or doles of		-01-6242	17. INF	Mrs. Paul	ine E.	Address Bombell-	- 160 H	lazer	Ave	bM. a
	TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (c)), (b), ond (c).)	nest					INTE	RYAL BETW ET AND DE	EEN ATH
Conditions, if a gove rise to Immed (o), stating the cause tost.	diote couse				eration acr red rt femu		knee				
PART II. OT	HER SIGNIFICANT CON		BUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	AINALDISEA	SE CONDITION GIV	EN IN PA	ART 1(a) 1	PERFC	AUTOPSY ORMED?
PART II. OF	NTRIBUTING 🔲		w injury occurs	-	ter nature of injury in Pa collison	irt I or Part I	If of item 18.)				
20c. TIME OF INJUING HOUR XXX 4115 p.m.	NY Month, Day, Yes	While	Not while of work	factor	OF INJURY (Home, for y, street, office bldg., et ghway	c. 1	ral Hager		ounty)	sh l	(State)
	hat I taak charge I fram: Natural				e, held an Autop ide 🔲, Hamicid		Inspection (2) , Indetermined o			, and	find the
ACTUAL SIGNATURE	Rober 1	'huel	ls		M.D. CHIEF MEDICAL	EXAMINER [ם				SIGNED
EXAMINER'S NAME (Type)	s. R	lobert We	ells , M.	D.	DEPUTY MEDICAL			0	ct.	21,19	757
22a. BURIAL CREMATIC REMOVAL (Specify)	2 10/2	57 2 nc.	NAME OF CEMETER	-	tem.	6	ATION (City, town,	11-	en		
23. FUNERAL DIRECTOR	'S SIGNATURE	1,,	ADDRESS		24a. REC	"D BY REGIS	STRAR 246. REGI	STRAR'S	SIGNATU	RE	

VS. A15ME(5) 5M 9/55

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BUREAU V. &

OCT 28 1957

BECEINED

11163

CERTIFICATE OF DEATH

L	alle other alle.				ar.	ag. Dist. 140.	
1	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND		ATYLAND		ASHING	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and pine a control of the HAGERS TOWN	c. LENGTH OF STAY IN 16		VN (If outside corporol ERSTOWN	e limits, write RUR/	AL and give near	est town)
	d. NAME OF HOSPITAL (If not in hospitol, give street WASHINGTON COUNTY I	oddress) HOSPITAL	d. STREET ADD		M ST.	•	IS RESIDENCE ON A FARM? YES NO X
107	NAME OF First DECEASED (Type or print) ETHEL	LORRAINE	BAKER	4. DATE OF DEATH	OCT.	Day 17	Year 19 57
-	FEMALE 6. COLOR OR RACE 7. MAR WHITE WIDOW	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/24/		1 1 1 1 1 1	UNDER 1 YEAR I	Hours Min.
Ī	0a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) SEAMSTRESS	DRESS CO.	****	E (State or foreign cour RYLAND	ntry)	12. CITIZEN OF	· A ·
1	3. FATHER'S NAME WILLAM BAKER		MAR	Y C. REEI)		
7	Was an amendment of the second control of th	social security No. 17. 561-38-6370	MRS. OT	TIE CRILI		GERSTO MD.	MN
	Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ARTERIA CONTRIBUTING TO DEATH BUT	al V	OS. P	CONDITION GIVEN		WAS AUTOPSY PERFORMED YES NO DE
		CRIBE HOW INJURY OCCURRE	ED. (Enter noture of in	jury in Port t or Port I	of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. While P. m. 19 at war	Not while fo	ACE OF INJURY (Hon ictory, street, office bl	ne, form, dg., etc.)	r town)	(County)	(Stole)
	21.sl-certify that I attended the decease alive on 10-7-57 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 6 U S G	and that death		5.A.M. fram	the causes and et. city or sown, the	d on the date	
100	PREMOVAL (Specify) 22b. DATE THEREOF 10/9/57	22c. NAME OF CEMETERY C	CEM_	22d. LOCATIO BERI	CLEY SPF	CINGS	(Stote) W. VA.
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS -	Tand 24	A. REC'D BY REGISTRA	R 24b. REGISTR	AR'S SIGNATURE	Ollena

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page & TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted programmer is should be detached for use as the burial-transit permit. Then please remove carbon papers. Per should be detached for use as the burial-transit permit. Then please remove carbon papers. Permit of start prior to burial, cremation, or remaral, and in any event within 72 hours after death.

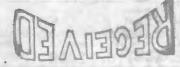
may be retained by the haspital ar attending physician

d in by the funeral director,

HYARO RO STADRITEGO

BUREAU V. S.

€ 2551 OT 100 m



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely to be the funeral director. The place of the complete of the use of the burial-transiti permit. Then places remove carbon papers. For it and 2 should be filed with the place of the place VS A15 (4) 15M 9/SS

		TTMAR		- California			•		Reg. Dist	t. No.	000
-	1. PLACE OF DEATH	shington		MARYLAN	O STATE	Md.	ere decepsed	lived. If instituti b. COUNTY			
Î	b. CITY OR TOWN	(If outside carporate limi	ls, write	c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If a	utside carpor	ate limits, write R	URAL ond gi	ive nearest	tawn)
ĺ	RURAL and give n	cown R.F.D.		2 months	03 Has	zersto	wn				
ŀ		TAL (If not in hospital, g	ive street		d. STREET	-				0. I	RESIDENCE
		ursing Home			120	8 Pop	e Ave.				N A FARM?
	3. NAME OF DECEASED (Type or print)	Fir Weltv		Middle	Baker	Sr.	4. DATE OF DEATH	Mon 10		Day 19	Year 19 57
ŀ	5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT	Ή		9. AGE (In years			UNDER 24 HRS
	male	white	WIDOW	TED TO DIVORCED	Nov. 23,	1877		10st birthdoy)	Manths	Days H	ours Min.
î	Do. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR II	NOUSTRY 11. BIRTHP	LACE (Stole	ar fareign ca	uniry)	I2. CITI	ZEN OF Y	HAT COUNTR
	retire	rking`life, even if retired;	Fu	rnace Tender	Wash	. Co.	Md.		U	.S.A.	
	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME			-	
	Tol	n Baker				unkn	own				
	S. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7. INFORMANT			Add	ress		
	(Yes, no. or unknown)	(If yet, give wor or dates of s		20-05-6223	Welty Bake	er Jr.	Hag	erstown,	Md.		
	Canditions, if a gave rise to cause (a), stoling lying couse lost.	the under-	(Shonch Chri E	ndo (nec Can	dil NAL DISEASE	CONDITION GIV	VEN IN PART	1(o) 19. \p	ERFORMED?
		AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (Enler nature (of injury in I	Part I ar Part	11 of item 18.)		YE	s <u></u> NO <u></u>
	20c. TIME OF INJU Have a. m. p. m.	RY Month, Day, Yea	20d. I While of wor	Not while	t. PLACE OF INJURY factory, street, affic	lHame, form te bldg., etc.	20F. (City	or town)	(C	ounty)	(Stole)
	21. I certify ! alive on	hat lattended the	decease 12		Ling 1, 195, and occurred on west		PM, from	the causes of self-city or town,	and an th		
Ì	220. BURIAL, CREMATIC REMOVAL (Specify DURIAL	ON, 226. DATE THEREO	IF.	22c. NAME OF CEMETER	Y OR CREMATORY			ION (City, town, manton	ar county)	Мс	(State)
I	23. FUNERAL DIRECTOR			ADDRESS		24a. REC'	D BY REGISTI	RAR 24b. REGI	STRAR'S SIG	NATURE	. ,
	Fred W. Kr	aiss Hag	ersto	own, Md.		DATE OC	1-25-	\$7 Les	roy	mi	took
										18	betrali.

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Actional Tests			
	120 The 025		and purely private
20 10 -5	Sales St. The		
1.00	768L (E) .167		ariari st.
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			helist pay
The second	hamil salamati		0.0
			And the property and
			No. of the last of
	A Paris Laborator		
- 1			
BUREAU V.			
0CL 30 102V			
BECEINE		2000	
214/12/5/19			Cornell College Committee

9 9

Dr.E.W. Ditto, Jr. 11164CERTIFICATE OF DEATH

Reg. Dist. No.

Washington

(Where deceased lived, If institutions Residence before admission)

(If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

rvland

zerstown

4. DATE

OF DEATH

Frederick St.

11176

ON A FARM?

YES NO K

Yeor

	COUNTY	Vashingto	n	MAR	YLAND	o. STATE
b	CITY OR TOWN RURAL ond give Hager		nits, write	30 VIS		c. CITY OR TOWN
d		TAL (If not in hospital,	give street	oddress)		d. STREET ADDRE
						870
D	AME OF ECEASED Type or print)	WILLI	AM	ARTHUE		BARBER
5. \$1	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	B C Cal	B. DATE OF BIRTH
	Male	White	WIDOW	leg/		Janu. 29,
00.	garing most of wo	ION (Give kind of worl rking life, even if retire CO	done 10b.	KIND OF BUSINESS	OR INDUS	Hagers
3. F	ATHER'S NAME					14 MOTHER'S MAIL
		Thomas H	. Ba:	rber		
5. \	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT
	ne. or unknown)		-22	0-16-3638	BMr	s.Florent
Z	Conditions, if gove rise to couse (o), stoting lying couse lost	the <u>under-</u>	(b) (c) (c)	Ta Ferrio	Cles	African
7	200. ACCIDENT W	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER;	20b. DES			. (Enter noture of inju
MEDICAL	Hour o. m.	10	ear 20d. Il While of wor	NJURY OCCURRED Not while		CE OF INJURY (Home ory, street, office bldg
- 1	21. I certify to	hat I attended th		ed from $Sejo$ S_{2} , and that		
	ACTUAL SIGNATURE	Eu M	A S	}	N	l.b.

ADDRESS

coffman-Hagerstown

October 22 19 57 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 1885 tote or foreign country) 12. CITIZEN OF WHAT COUNTRY? town Wash Co . Md . USA EN NAME Florentine Arthur Address ine Barber-870 Frederick St INTERVAL BETWEEN ONSET AND DEATH ERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO D in Port 1 or Port 11 of item 18.) 20f. (City or town) (County) (Stote) 19 22 that I last saw the deceased M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) Hagerstown, 240. REC'D BY REGISTRAR Maryland

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

TO HOSPITAL OR

director

funeral

Filed

pluous

executed within 24 hours after death. Page

requires that the death certificate be

attending s

STATE OF DEATH.

BUREAU V. S.

OCT 88 1957

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BUREAU V. S.

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DULINIT IN THE STOREST WARRENCE STOREST

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BECEINED

Dr. Bramer

14900 CERTIFICATE OF BEATH

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 		- 1	3 C	12

DI.DIEWSI 11200 CERTI	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived I finistitution: Residence before admission)
a. COUNTY Washington MARYL	Maryland b. COUNTY Washington
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY I	
RURAL and give nearest lown) Hagerstown—RFD 6 mont	ths Mi Clearspring, Md.
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
Gateway Convalescent Home	Main Street YES NO 23
3 NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) MARTHA ELIZABET	H BARTLE DEATH October 14, 1957
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIE	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS,
Female White WIDOWED DIVORCED	□ Aug. 20,1863 94 m
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF during most of working life, even if retired)	
Housewife Own Home	Clearspring, Wash. Co. USA
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Telee Mouse	Mary Dark
15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO	17, INFORMANT Address
No None	Ernest L. Bartle-341 Mealy Pkwy.
1B CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CILLUTO	Aclerotic Heart Des 5 us
4.30.0 DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate DUE TO	
lying couse last.	
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	PERFORMED? YES NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 200 ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of injury in Part I or Port II of item 18)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Your 20d INJURY OCCURRED	20e PLACE OF INJURY IHome, form, 20f (City or town) (County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Nat while of work of wo	factory, street, office bldg , etc.)
21. I certify that I attended the deceased from Turn	1952 to Oct 151, 1957, that I last saw the deceased
The state of the s	death accurred at 6.15 C/M, from the causes and an the date stated above
alive an 19, and that	ADDRESS (Street, city or, town, state) ADDRESS (Street, city or, town, state)
ACTUAL ATITAR DILLIVES	- Very & bring Med 10/15/5
SIGNATURE GALL CAST	M.D.
PHYSICIAN'S DEVID X, 13 YEW	er Clear Spring Md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	TERY OR CREMATORY 22d LOCATION (City, lawn, of county) (State)
Burial 10-16-57 St. Mich	naels Cath. CemeClearspring, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAT'S SIGNATURE
Andrew K. Coffman*Hagerstown,	Maryland DET I'l 1951 Che Affairers

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after leath. Tage 11 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, paying the attended by the attended for use as the burial-transit permit. Then please remove carbon papers. Pay the asstronger to burial, cremation, or remayal, and in any event within 72 hauts after death.

in by the funeral director, and 2 should be filed with

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requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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any delay is necessary, please exefuzzial director. Page 4 shauld be files.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 1 2 0 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11181

Reg. Dist. No. 302

1. PLACE OF DEATH				2. USUAL RESIDENCE (sfore admission)
Washi	ng ton		MARYLAND E. LENGTH OF STAY IN 16	LIGIT	yland		ington	
and give nearest town	1		C LENGTH OF STAT IN 18	c. CITY OR TOWN (if outside corp	porote limits, write	KUKAL and give i	nearest town}
	wn Legion Ho			CO Hagers	town			
a. NAME OF HOSPITA	AL OR INSTITUTION (IF n	ot in hospil	al, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
				307 Rad	cliff A	venue		YES NO L
3. NAME OF DECEASED	First		Middle	Lost	4. DATE	Month		Year
	William Geor			ennight sr.	DEATH	Oct.	19	19 57
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (n years fost birthday)		IF UNDER 24 HRS.
Male	White "	VIDOWED [DIVORCED [1-11p - 19	18	39 yrs.	Months Doys	Hours Min.
10g. USUAL OCCUPATIO	ON (Give kind of work don g life, even if retired)	ne 10b. KIN	D OF BUSINESS OR INDUS			ountry)	12. CITIZEN O	F WHAT COUNTRY
Blueprint S		Fai	rchildAircra	ft Henryett	a. Ok	da.	II.S	.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN			040	
To	llie T. Benn	night.		1	Dean Jo	hnston		
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE	ES? 16. SC	CIAL SECURITY NO. 17.	NFORMANT	Dean De	Address		
(Yes, no. or unknown)	(If yes, give war or dates of servi		4-12-8672	Mrs. Wm. G.	E. Ben	night He	gerstown	, Md.
	TH Enter only one cause	per line for	(o), (b), and (c).]				INTE	RVA, BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Acute con	onary thromb	osis			2,7410
at .	DUE TO				_	1		
Conditions, if as	ny, which) (b)	•	advanced arte	stroacteroffc	coron	ary near	c dracting	3
gove rise to immed (o), stating the u	liote couse (
cause lost.	(e)							
Z PART II, OTH		IONS CON	TRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART I(o)	IP WAS AUTOPSY
CATI	None							PERFORMED? YES NO
PRIMARY OF CON	ISE WAS 20b. I	DESCRIBE H	OW INJURY OCCURRED. (Enter nature of injury in Pa	rt I or Part II	of item 18 }		
	none	1	none					
20c. TIME OF INJUR	Y Month, Day, Year			CE OF INJURY (Home, for	m, 20f. (City	or town)	(County)	(State)
Hour o.m.	none 19	While at work	Not white	tary, street, affice bldg., etc. none				_
21. I certify th	at I took charge o		moins described abo		sv (9e) In	spection x	Inquiry	, and find that
	from: Natural car			icide [], Homicid		idetermined c		i, and thid mar
Countries of the Country	1	1		reide [], Flotificidi	e [_], Oil	idetermined C	dose [].	
ACTUAL OF	Paropet	hes	200	CHIEF MEDICAL F	V. 1.115.150 [T]			DATE SIGNED
SIGNATURE	11 Journal	, (M.D. CHIEF MEDICAL E	_			
EXAMINER'S NAME (Type)	S. Rober	t Wel	ls, M.D.	ASSISTANT MEDICAL		_ (Oct. 1915	57
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22	c. NAME OF CEMETERY OF	CREMATORY	22d. LOCAT	ION (City, tawn, o	or county)	(State)
Burial	10-22-19		Rose Hill Ce	metery	Hager	stown, M	aryland	-
23 FUNERAL DIRECTOR'S	s signature er Fyneral I	Ноше	ADDRESS	2.0	D BY REGISTS	110	TRAR'S SIGNATU	
R. Frank	lun Reserver	AOIRE	Hagerstown,	Id. Re	7.25.19	57 6ha	OHLISE	USSON

TO DEPUTY MEDICAL EXAMINER: This certificate should be mixecully mithin 24 hours after dimith. If a cute the cartificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the five rated to the Chief Medical Examiner's Office along mith form PM3. Page 5 may be retained for the ERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fife Pages 1 and 2 with the reconstitutions. VS. A15ME(5) 5M 9/55

BUREAU V. &

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BECEIVED

1				MARY	LAND S	TATE DEPA	RTME	NT OF HEALT	H-BALTI	MORE, 18	-1	118	
- 	1			112	110	CERTI	FICA	TE OF DEAT	TH		ه Reg. Dist. No	500	+
director.		1. F	LACE OF DEATH	Washingt	on	MARY	LAND	2 USUAL RESIDENCE (Where deceased liv	ed. If institution		re odmission)	
be F		ŀ	CITY OR TOWN	If outside corporate lim		LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I				prest town)	
ary J			RURAL and give in			3 WKS.		Hanco	ck	× 9			
the fun shauld	40		DR INSTITUTION	TAL (If not in haspital, (give street odd	ress}		d. STREET ADDRESS		1		e. IS RESIDENCE	
24	171			Rest Home				110 Washin	gton St			YES NO	
E &		3. I	NAME OF	Fi	rsi	Middle		Last	4. DATE OF	Month	Do	•	
			Type or print)		mory	Mecl		Booth	DEATH	10	2		27
Po		5. S	EX	6. COLOR OR RACE	***************************************	NEVER MARRI		DATE OF BIRTH	9 /		donths Days	IF UNDER 24 HI	
ers.		10-	M.	W.	WIDOWED [9.19.1887		O ym.	1 9		
nd cample in papers. death.	1	Ι.	during most of wor	king lire, even it retired	1]			TRY 11. BIRTHPLACE (Sta				F WHAT COUN	TRY
and ban er de	,		Machania FATHER'S NAME	3.5	U	Lenese	Corp	Fulton C		enna	U.S	.A3	
	1	1.0.		m Booth				1					
physician smove car hours of	4)	15.		R IN U. S. ARMED FOR	RCES? 16. SO	CIAL SECURITY NO	. 17 IN	FORMANT	1 Fishe	Addres	· · · · · · · · · · · · · · · · · · ·		
72 h			No or unknown]	(If yes, give war or dates of	Service) 27.7	7-10-53L		frs Mary F	Booth			land	
attending please re within 72				ATH [Enter only one co	ouse per line, f			4	//	11011000		ERVAL BETWEEN	
offe wit				ATH WAS CAUSED BY:		1 200	211	1 Acr	Varie		ON	SET AND DEATH	10
the The			1 1	DUE TO		-		Ln	10 - C ₁ - C ₂ C ₂		- 7	24.77.00	, ,
ony e			Conditions, if c	iny, which)	, 11	Mus	20	Kernar	-2				
Deri Deri			gave rise to i	immediate (-		1. Carlot land						
ign. In sign and			lying couse last.		c)								
ysiciar been transi of, an		S S	PART II. OT	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)	9. WAS AUTOPS	Y
ph has has mov		ర్జ		Mr.	hall	de	11	RIZ				YES NO	
ficate the bu		L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIE	IE HOW INJURY OF	CCURRED.	. (Enter nature of injury i	n Part I or Part II o	of item 18.]			
officert of		MEDICAL	20c. TIME OF INJUI		or 20d. INJU	RY OCCURRED Not while	20e. PLAC	CE OF INJURY (Home, for ary, street, affice bldg., a	rm, 20f. (City or	lown}	(County)	(Stat	le)
Fred commercial		WE	p. m.	19	at work	at work	~ ~						
of, o		H	21. I certify, t	at I attended the	deceased	/	لكيدء	, 19 <u>2</u> 2, to 1	a-28			aw the decea	
R: A loche buri			alive on/_	7.5	, 18 <u>.5_/</u>	, and that	death (occurred at 4, 3	AM, from th	ne causes and	d on the da		
RECTO RECTO be del			ACTUAL SIGNATURE	techert	. K.	Tokia	L QM	l.D. ,	ADDRESS (Street	, cily or town, sto	rte)	DATE SIG	NED
retaine RAL DIR hould I	1		PHYSICIAN'S NAME (Type)	terhe	~+	R. 706	la	s Bul	ely 3	hur	-12	mille	1
9 3	.1	220.	BURIAL, CREMATIC REMOVAL (Specify)		OF 2	C. NAME OF CEMI	ETERY OR	CREMATORY	228 AGENTION	(City, lawn, or	Junty) "	, ³⁰ (State)	=
0 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0 4 0	B	_	Irial	10.30	57 I	resbyte	riar		Warfor	d shupe of	Fulto	n_Penns	
VS A15 (4)		23. 1	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	0	24a. RE	C'D BY REGISTRAN	24b. REG 578	AR'S SIGNATU	E	
15M 9/55			MAL	- All	no 7	anne	U)	DATE /	44911	11	1/4	VION	
				U/					/				

NOV 7, 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO MYZMA

CECET ALL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. 11165 CERTIFIC

CERTIFICATE OF DEATH

11184 Reg. Dist. No. 302

1. PLACE OF DEATH				2. USUAL RESI	DENCE (Wh	ere deceosed	lived. If institute			on)
Wash	rington		MARYLAND		aryla	nd	B. COONT	Washin	gton	
b CITY OR TOWN (RURAL and give n	lf outside corporate (imi	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corpoi	ote limits, write R	URAL ond give n	earest town)	
Hagerst	· ·		2 years		Hage	rstown	1			
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d STREET	DDRESS				e IS RESI	
	an Place			/ 333 1	Bryan	Place			YES 🗌	
3 NAME OF DECEASED	Fir	st	Middle	Lo	it	4. DATE	Mon	th (Day Y	POF
(Type or print)	EMMA			BRILL		DEATH	October	21	. 1	9 57
5. SEX	6. COLOR OR RACE	7 MARI	RIED 🗍 NEVER MARRIED 🔀	B. DATE OF BIRT	Н		9. AGE (In years last_birthdoy)	IF UNDER 1 YEA		
Female	White	WIDOW	ED DIVORCED	Novembe	er 13,	1873	83 yrs	Months Days	Hours	Min
100. USUAL OCCUPATIO	ON (Give kind of work a	done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	ACE (State	or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY?
Seamstres			laundry	Hage	erstow	n, Md.		U.	S.A.	
13 FATHER'S NAME				14 MOTHER'S						
.ToT	n Brill			Am	na Sut	er				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	1011		
(Yes, no or unknown)	(If yes, give wor or dotes of s		214-09-4818	Mrs. Har	old Fi	iller	Hager	stown. I	Maryla	nd
	ATH (Enter only one co	use per li	ne far (a), (b), and (c)]			0		lin	TERVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY	(was ans	suls	N,	C	reeu	est i	NSET AND	DEATH
1422.1	IMMEDIATE CAUSE (o						-0	40	-lawin	
Conditions, if o		(Motor	ingel	1000	1			1.11	2/
gave rise to i	mmediate (1	3 4	-C OY	~/			3	
couse (a), stating tying cause lost	the under-		y sme.	人对本	7				MM	v2
	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	FN IN PART 1(n)	10 WAS A	JTOPSY
CATIO				, , , , , , , , , , , , , , , , , , ,		THE BYGENGE		an in ran au	PERFOR	MED
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	RED. (Enter nature o	of injury in P	art I or Port	11 of item 18.)			}
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d II While at wor	Not while	PLACE OF INJURY (octory, street, offic	Home, form, a bldg., atc	20f. (City	or town)	(County	y)	(State)
21. I certify th	at I attended the	deceas	ed fram	. 19	, ta C	0	ونسر 19	,that I last	saw the	deceased
alive an O	64.	. 192	and that deat			M. from	the causes of			
2,110	0 . ()4	MA LA	. Cocorred di			reet, city or town,			TE/SIGNED
ACTUAL SIGNATURE	ouis >	4./	July 1	м.в.	9 5	A	ntict	IN P	1.19	/21
PHYSICIAN'S NAME (Type)	Louis	6.	6RAT	F 14	M	ton	min	λ.	/	
220. BURIAL, CREMATIC REMOVAL (Specify)		57	Rose Hill Co		0		rstawn,		(Stote)
23 FUNERAL DIRECTOR SUCEY HOUZ	s signature er Funeral	Home	ADDRESS		240 REC'I	BY REGIST		STRAR'S SIGNAT		ese
The Court of the						19/1/		111 000		

BUREAU V. S.

DECEIVED 1957

al	1.	PLACE OF DEATH D. COUNTY D. STATE D. COUNTY
-		Maryland Maryland Washington
(8		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)
		Eleratown 48 years 03 Hagerstown
41-51		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION o. IS RESIDEN ON A FAR
717	` _	149 King St 149 King St. YES No.
	3.	NAME OF First Middle Lest 4- DATE Month Day Year OF
	_	(Type or print) John Low Carnochan Sr. DEATH Oct 31 19
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 lost by rindoy) Months Days Hours N
		Lale White WIDOWED DIVORCED DTIL 18, 1889 68 yrs.
, /	100	00. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COLduring most of working life, even if retired)
		Salesman Box Co. Near Chillicothe Chio
1	13.	3. FATHER'S NAME
	Ł	John A. Carnochan Marian Low
	15. (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes, give wor or dotes of service) Address
0	<u></u>	No - 705-10-7901 John L. Carnochan Jr. Hagerstown
	П	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART DEATH WAS CAUSED BY
		PART I. DEATH WAS CAUSED BY: Myorardial marking ONSE AND DEA
		420.0 DUE TO 0 10 10 10 10 10 10 10 10 10 10 10 10 1
		Conditions, if any, which) (b) Willworderate heart disease unb
		gove rise to immediate costs (a), stating the under DUE TO
	_	lying couse lost. (c)
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED
0	1 2	YES 🗍 NO
	ERTIS	OR CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) If EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (5 factory, street, office bldg., etc.)
	A A	p. m. 19 of work C of work
		21. I certify that I attended the deceased fram
		alive on News saw him, alive, and that death occurred at 11 3 WM, from the causes and on the date stated a
		ADDRESS (Street, city or town, stote) DATE S
,		SIGNATURE / WILLIAM 1. Dentar 1135 Potomac Ave. Hag. Md. / Mov
/		PHYSICIAN'S
	L	NAME (Type) Righard T. Binford
	22	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
1		

BUREAU V. E.

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BECEIVED

FOR STATE HEALTH DEPT

funeral director. Plage funeral director. Page faired for your files. State Board of Health, death.

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6 5	7			
MAL SIL	3			
O	-		A.	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, exertificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and	4	0	ar designated agent, prior to bariol, cremation, or removal, and in any event within 72 how	
Ě		-		
		-		

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11212 11158

		IIAIA		Reg. Dist. No 10()						
		LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived It institution					
\	°	Washington	MARYLAND	a state was a construction of						
	Ь	CITY OR TOWN (If collede corporate him to, write RUE, and give regreat fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	fouts de corporate limits, write RU					
/		Near Cavetown	12 hrs	Smithsburg						
	d	NAME OF HOSPITAL OR INSTITUTION (IF not	i in hospital, give street address)	d STREET ADDRESS		e IS RE IDENIE				
1		Stone Quarry		68 W. W	ater St.	YES NO				
	3. 1	NAME OF First	Middle	Last	4 DATE Month	Doy Year				
		Type or print) Ronald	Terry	Cowan	DEATH Oct.	13. 1957				
	5. S	6 COLOR OR RACE 7.	MARRIED NEVER MARRIED X 8.	DATE OF BIRTH	9 AGE jin years IF	UNDER TYEAR IF UNDER 24 HRS				
		male white wi	DOWED DIVORCED	January 25	, 1935 " ŽŽ, [™]	Aonths Doys Hours Min				
,	10a.	USUAL OCCUPATION (Give kind of work done pring most of working Life, even if retired)		RY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
Ţ	01	fice mach. opr.	aircraft ind.	Greenca	stle, Pa.	USA				
1	13.	FATHER S NAME		14. MOTHER'S MAIDEN N						
1		Earl O. Cow	an	_	ann Catherine	Spessard				
Ser. To	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES no. or unknown) (If yes, give wer or dotes of service	1		Address					
-		Yes Active-1957	214-30-1876 E	arl O. Cow	an, Smithsbur	g, Md.				
		18. CAUSE OF DEATH [Enter only one cause pe	ar line for (o), (b), and (c)		-	INTERVAL BETWEEN ONSET AND DEATH				
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Fracture	ed Skull (op	en)	15 min.				
	Н	978 X DUE TO								
		Conditions, if any, which) (b)								
		gave rise to immediate couse ((o), stoling the underlying OUF TO								
		cause fost. (c)								
6	ğ	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19 WAS AUTOPSY PERFORMED?				
ol.	3	None				YES NO				
	CERTIFICATION	PRIMARY 49 OF CONTRIBUTING L.	ESCRIBE HOW INJURY OCCURRED (En							
		CAUSE OF DEATH.	Jumped about 100							
	WEDICAL	20c, TIME OF INJURY Month, Doy, Year Hour XXXX	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form	, 120f. (City or fown)	(County) (State)				
	ME	9:45 p.m Oct. 1319 57	at work at work A Sto	one Quarry		burg, Wash Md				
		21. I certify that I took charge of	the remains described above	ve, held on Autops	y 🕱. Inspection 📆.	Inquiry . ond in my				
		opinion deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner								
		000	2 200							
ani		SIGNATURE SI DELLE	7 hells	_M D CHIEF MEDICAL EX	AMINER	ALTV.				
EXAMINER'S S. Pohort Wolla M.D. ASSISTANT MEDICAL EXAMINER []										
		NAME (Type)	:= := : : : : : : : : : : : : : : : : :	DEPUTY MEDICAL E						
	220.	BURIAL CREMATION 226 DATE THEREOF	22c NAME OF CEMETERY OR		22d. LOCATION (City, lown, or e	county) (State)				
	·	Durial 10-16-57	Daniel Carlo Date la			Md.				
	Ι.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REGISTRA	ARS SISMATURE				
	i.	Scott F. Minnich &	Son, Smithsbur	g, Md . DATE-	10'57 Allened	ueh				

BUREAU V. E.

7261 81 TOO

BEGEIVEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. 11167

CERTIFICATE OF DEATH

Reg. Dist. No. 11872

1. PLACE OF DEATH					Where deceased	lived, If institutions Res	idence before	e admission)
• COUNTY	Washington	MAR	YLAND	o. STATE Mar	yland	b. COUNTY	Washi	ngton
b CITY OR TOWN (IF RURAL and give no	outside corporate limits, wri	te c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corpor	ate limits, write RURAL a	and give near	rest town)
Hagers	,	50 yrs		Hag Hag	erstow	n		
d. NAME OF HOSP TO OR INSTITUTION	AL (If not in hospital, give sti	reet oddress)		d STREET ADDRESS				N IS RESIDENCE
1.	12 Randolph	Ave.		112 R	andolp	h Ave.		YES NO
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Month	Day	Year
(Type of print)	ANNIE L	YDIA	D.	AVIS	OF DEATH	October	18	19 57
5 SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRI	IED 🔲	B. DATE OF BIRTH				IF UNDER 24 HRS
Female	White wo	OWED DIVORCE	ED 🔲	March 14,	1871	86 yrs. Mont	hs Doys	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	106 KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (SIG	ate or foreign co	untry) 12	CITIZEN OF	F WHAT COUNTRY?
Housew	fe	Own Home	1	Keedysv	ille, V.	ash.Co.	USA	,
13. FATHER'S NAME				14 MOTHER'S MAIDEN	N NAME	Maryland		
I	Hiram Snyde	r		Luci	nda Go	uff		
15 WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO		IFORMANT		Address		
No		212-14-701	4]	.Franklin	Davis	-112 Rand	olph	Av.
	TH (Enter only one couse po	er ling for (0), (b), and (9)	1 +	+ 0 +	1.	1/	INTE	RVAL BETWEEN EL AND DEATH,
PART I, DEAT	TH WAS CAUSED BY:	nerio scle	nu	i new c	chrous	e with	5	year +
	DUE TO	. 1.1	1 . 1	1 1				
	Conditions, if ony, which) the Myocasthal tacket							
	gave rise to immediate couse (a), stating the under-							
lying couse lost.	(c)	•						
PART II OTH	ER SIGNIFICANT COND TIO	NS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVEN IN	PART 1(0) 19	P. WAS AUTOPSY PERFORMED?
3 16AX 114	belos Mel	litus						YES NO
G (IF EITHER, NOTIFY	S UNDERLYING [] 20b. [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED). (Enter nature of injury	in Port I or Port	II of item 18.)		
		M INJURY OCCURRED	20e PLA	CE OF INJURY (Home, fo	arm, 20f (City	or lawn)	(Caunty)	(Stole)
And Hour o.m.		hile Not while work	100	tary, street, affice bldg.,	elc I			
	at Lattended the dec	ensed from Pari /	5	1947 10	18 ali	193 7 that	t Light so	w the deceased
alive on / 8 0	1 - 1	57 /	death	occurred at 11/5	M from	the causes and o		
dilite on 1 = 51 = 5	TOD	A management	deam	occorred digging		eet, city or Lown, state)	ii file our	DATE SIGNED
ACTUAL SIGNATURE	7 huse	bes		10 23ATV	Mon	111 St		180057
SIGNATURE	- 7 1	1		W 0 V2.11.0	4	-71 .1		
PHYSICIAN'S NAME (Type)	it. LUSAV	/		Mayo	MAM	11 /MI		
220. BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEM	LETERY OF	CREMATORY	22d LOCAT	ON (City, town, or coun	ty)	(State)
Burial	10-21-57	Rose H	111	Cemetery		stown Was		Ma
23. FUNERAL DIRECTOR'S		ADDRESS		7 240 RE	EC'D BY REGISTE	AR 246. REGISTRAN	SIGNATUR	57
Andrew K	. Coffman-F	lagers town.	Ma	rvland	23 100	7 1/ha	a. H	. Bower

VS A1S (4) 15M 9/SS

DECENVIL.

Reg Dist No 1300

1-	1100				keg. Dist. 140.
1.	PLACE OF DEATH O. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (WHO STATE arylar	here deceased lived. If institution b. COUNTY	Washington
	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) THE COMMENT	e. LENGTH OF STAY IN 16 Life	E CITY OR TOWN (IF of	outside corporote limits, write RU	RAL and give nearest town)
(d. NAME OF HOSPITAL (If not in hospital, give street or institution Garlock Jursing Home	set oddress)	d. STREET ADDRESS	agnolia Ave.	o is residence on a farm? YES NO
3.	NAME OF DECEASED (Type or print) Harry	Middle Edward	los Davis	4. DATE Monte	
5.		ARRIED NEVER MARRIED DIVORCED DIVORCED	Dec. 15. 18		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done liduring most of working life, even if retired) 1185terer	Ob. KIND OF BUSINESS OR INDUS Construction		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Leonard Da	vis	Emma J	Palmer	
	(was DECEASED EVER IN U. S. ARMED FORCES?		NFORMANT	Addre	rstown Md.
2	PART II. OTHER SIGNIFICANT CONDITION	seinoma	NOT SELATED TO THE TERM	INAL DISFASE CONDITION CIVE	INTERVAL BETWEEN ONSET AND DEATH OF THE PART (G) 19 WAS AUTOPSY
CFETIFICATION	20g. ACCIDENT WAS UNDERLYING [206. C	DESCRIBE HOW INJURY OCCURRE			PERFORMED?
MEDICAL CER			ACE OF INJURY I Home, form clory, street, office bldg., etc		(County) (State)
	21. I certify that I ottended the dece olive on 625 219 ACTUAL SIGNATURE PHYSICIAN'S December 1	2, and that death			222 / /
7	NAME (Type) Dr. David J. 20. Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10-28-57	Boyer 22c NAME OF CEMETERY O Rose Hill (R CREMATORY Cemetery	22d. LOCATION (City, town, or Hogerstown	
23	I. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246 REGIST	TRAR'S SIGNATURE
	Scott T. Linnich & S	on Hag d.	Get.	29.1957 House	MADOWENES

in by the funeral director, and 2 should be filed with * TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 mmy be reloined by the hospital or ottending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely page, hould be detached for use as the burial-transit permit. Then please remove corbon papers. Page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. VS A1S (4) 15M 9/55

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001 و المدر



8 11181) Reg. Dist. No. 302

_														
1. PLACE OF DEATH o. COUNTY Washington MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Md. b. COUNTY Washington									
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)								
_	Hagers						Hagerstown							
	d NAME OF HOSPITA						d. STREET AC			A			ON /	IDENCE FARM?
<u> </u>	Masurus	on County	позр.	riar		11 ,	900	Penr	ISYTY	<u>nnia Ave,</u>	1		162	NO
3.	NAME OF DECEASED	Fir	st		Aliddle		Lost		4. DATE	Moi	nth	Da	y	Year
	(Type or print)	Mar			***		odson		OF DEATH	UUI		14		19 57
5.	SEX	6. COLOR OR RACE	7. MARI	NEVER	MARRIED 🔲	B D	ATE OF BIRTH	1		9. AGE (in years lost birthday)				ER 24 HRS.
L	female	white	WIDOW	-	IVORCED 🗍	<u> </u>	arch 12	· ·		70 yrs.	Months	Days	Hours	Mis.
100	. USUAL OCCUPATIO	N (Give kind of work in ng life, even if retired	ione 10b.	KIND OF BUSI	NESS OR INDU	JSTRY	11. BIRTHPLA	ACE (State of	or foreign (country)	12, C	ITIZEN O	F WHAT	COUNTRY?
		sewife		hom	е		Vir	ginia				U.S.A.		
13.	FATHER'S NAME					14	. MOTHER'S	MAIDEN N	AME					
	Chr	istopher A	. Ni	chols				I	anni	e (Unkr	10wn)			
15.	WAS DECEASED EVER			SOCIAL SECUR	ITY NO 17.	INFO	THAM			Ado	fress			
	no or unknown)	I yes, give war or dates of s	BLAICE!	none	M.	н.	Dodsor	n Ha	agers	town, Md.				
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne jot (a) o), o	and (c).]		_	1	7	0		INTE	RVAL BI	TWEEN
	PART I. DEATH WAS CAUSED BY:													
	IMMEDIATE CAUSE (c)													
	J. DUE TO													
	Conditions, if ony, which (b)													
	gove rise to immediate couse (a), stating the under-													
	lying couse lost.													
z		ER SIGNIFICANT CON		ONTRIBUTING	TO DEATH BUT	LNOT	PELATED TO	THE TERMIN	IAI DISEAS	E CONDITION OF	UENT INT DA	PT 1(a) 1:	O MAZA C	ALITOPSY
CATION	F881 11. O111	EK BIOMINESIM COM	DI IIONS	CHALKIBOTHAG	NO DEATH BO	INOI	KEDAIRO IO	THE TERMIN	AVE DIREK	IE CONDITION OF	AZIA NA EW	Kr I(o)	PERFO	DRMED?
													YES [NO 🗌
CERTIF	206 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURRE	ED. (E	nter nature of	injury in P	art I or Pa	rt (1 of item 18.)				
3	20c. TIME OF INJURY	Month, Day, Ye	er 20d. I	NJURY OCCUR	RED 20e. Pl	LACE	OF INJURY (H	tome, farm,	20f. (Cit	y or town)		(County)		(State)
MEDICAL	Hour o.m.	19	While	Not while		clory,	street, office	bldg., etc.)		,		,,,		
×	p. m.		of wor	k of work					ــــــــــــــــــــــــــــــــــــــ	-/				
	21. I certify the	at Lattended-the	deceas	ed from/	01/3/		19/	, ta_/_/	2././	415.4	that l	last so	w the	deceased
	alive on	01/4/5	719		that debt	h ac	curred at	7.55	Oly from	m the causes				
	41170 01122242		1).	2	a prior ocur	ii die	corred deg		DDRESS (S	itreet, city or town.	stoles) all		ATE S'GNED
	ACTUAL A	V- Dest	7	110-			/,	-011	. 0	0/	7	. 1		1:41
	SIGNATURE	cer 179	-	BL	wan	M D.	-4/-		-cu	11 Calc	-IU	R. D.		11415.
	PHYSICIAN'S	1		//	1								/	1
L	NAME (Type)				//	_		****						
22	BURIAL, CREMATION	, 225. DATE THEREC	F	22c. NAME C	OF CEMETERY C	OR CR	EMATORY		22d LOC	HON (City, Iown,	or county)		(Sto	e)
	REMOYAL (Specify)	10-17-57	7		t Haven					agerstown				d.
23.	FUNERAL DIRECTOR'S			ADDRESS				240 REC'D	BY REGIS		STRAR'S S	GNATUE		1
121	red W. Krai	ee Hage	rsto	wn . Md.				But.	17.19	57 /5/	est	190	CUE	ers/

VS A15 (4) 15M 9/55

DECENTED.

WIBEAU V. S.

within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	3
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Ŀ	T.	1	r)	1

			~ ^	CERTI	FICA	ATE OF E	DEATH	4				. 1.0	JL (C) 2
ļ.	PLACE OF BEATH		411								ist. No.		C-AU
		Washington	n.	MARY	TLAND	o. STATE	FIG.		b. COUNTY		sh.	e odmissi	ion)
	RURAL and give		ils, write	c. LENGTH OF STAY		c. CITY OR 1	TOWN (IF a	utside carpo	rate limits, write R	URAL and	give nea	rest town)
L	Hagers			50 years	3			stow	n				
	Washin	ston Coun	ty H	ospital		d. STREET A		nit A	ve.			-	FARM?
3	NAME OF DECEASED (Type or print)	Geor		ittle Middle		intler		4. DATE OF DEATH	Mor		20 ^{Do}		Year 19 57
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTI			9 AGE (in years	IF UNDE			
L	male	white	WIDOW			March		1868	last birthday) yrs	Manths	Doys	Hours	Min.
10	during most of we	ION (Give kind of work prking life, even if retired & C C C P	done 10b	KIND OF BUSINESS O DUSE buil					n, W.Va		TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME	John P. E	ntle:	r		14. MOTHER'S	MAIDEN N	Ame Ame	anda Ha	wn			
15.	WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT			Add				
L	no	(1) yes, give was as access to a		no	Mı	s. Ire	ne Ho	ok, I	Hagerst	own,	Md.	•	
	I .	ATH [Enter only one co	use per lir	e far (a), (b), and (c).	1	/			<u> </u>			RVAL BE	
	PART I. DE	ATH WAS CAUSED BY: #MMEDIATE CAUSE (o	0	enend	a	teria	olle	asa	e Ce	rely	DIVIS	ELAND	DEVILL
	331 X	DUE TO	0	(1)	0	. , ,	- 3-4	Lyn-	2				
	Canditions, if		1	Yarcer	n. ki	esu	4 1	Cerel	rice - C	unce	Res		
	casse (a), stating	the under DUE TO)	Keci	de	14 (5 W	eelu)				
Z O	PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(0) 15	PERFO	LUTOPSY
ĮΫ́	D	Ruign	13 ds	Yoxic (ry	restrop	ly						NO 🖺
CERTIF	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES(RISE HOW INJURY O	CCURRE	D. (Enter nature a	f injugy in P	art 1 ar Pari	II of item 18.]				
MEDICAL	20c. TIME OF INJU			JURY OCCURRED	20a. PL	ACE OF INJURY I	Home, form,	20f. (City	ar lawn)	- (County)		(Slote)
MED	P. m.	10	While of warl	Not while		siory, sineer, othice	e brog., etc.,	<u>'</u>					
ı	21. I certify i	hat I attended the	decease	ed from Au		19.54	, ta	cta	20 , 19.5. 2	that I	last sa	w the	decease
	alive an	12-CX 20	12_2	· ~	2	occurred at			the causes a				
	<u> </u>	7' 1	/ (7.1/					reet, city ar town,				TE SIGNE
	SIGNATURE	Revoit 6	V. /1	1110-11	1	M.D. 217	W. Wa	shin	gton St	reet		10	131/5
	PHYSICIAN'S NAME (Type)F.O	ward W. D	itto	<u> </u>) <u> </u>	217 W	Wash	oinet.	on Hage	rato	wn.	Md.	,
22	BURIAL, CREMATI	A l		22c. NAME OF CEM				22d. LOCAT	ION (City, town, o	or county)		(State)
	ngt.18T	エサースと一	57	Elmwood	Cen	etery			herdsto		W. V		
	FUNERAL DIRECTO		2. 00	ADDRESS	×+ ~	752	11/2/	BY REGISTI	RAR 246 REGIS	TRAR'S SI	GNATUR	E	4.2
1	Scott F.	Minnich	ال الد	n, nagers	D U UV	VIII JAIL	DATE .	2.17	3/10 1	self.	1 12	محرب	WILL

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11192

11171 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	No.	3	0	セ
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1.	PLACE OF DEATH D. COUNTY			O STATE	Where deceased lived. It institution: Resid		
		Washington	MARYLAND	Mary	land was	hington	
p	 CITY OR TOWN [If and give nearest town] 	outside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16		autside carporate timits, write RURAL on	d give nearest town)	
	Ha	gerstown	50 Yrs	03 He	gerstown		
d	I. NAME OF HOSPITA	AL OR INSTITUTION (If not is	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	311 Jef	ferson Street		311 Jeffe	rson Street	YES NO	
- (NAME OF DECEASED (Type or print)	first Ben ja	Middle amin Franklin Fav	orite	A DATE Month October 1	4, Day Year 19 57	
5. \$	Male	White	ARRIED M NEVER MARRIED B.	June 23,1872	9. AGE In years IF UNDER Months	TYEAR IF UNDER 24 HRS Days Hours Min.	
10a d	USUAL OCCUPATION CONSTRUCTION	ON (Give kind of work done) of life, even if retired tion Foreman	6. KIND OF BUSINESS OR INDUSTRI C & P Telephone		or foreign country) itheburg, Wash Co.	USA	
13.	FATHER'S NAME	ack Favorite		14. MOTHER'S MAIDEN N	DeLosier		
	WAS DECEASED EV., no. or enknown) No	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		s. Mary F. E	Pavorite- 311 Jeffe	reon St-	
	18. CAUSE OF DEAT	TH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Cerebra	1 Thrombosis		2 hrs	
	DUE TO Carcinoma prostate with metastasis to rt ?						
	Canditions, if a	ny, which) (b)	Oarcinoma pro	DOGGOO WINII D	femur		
	gave rise to immed (a), stating the s cause last.	Siate cause	Multiple frac	tures of pel	vic bones	71 days	
CATION	PART II, OTH		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	17 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 17	
CERTIF	20g. EXTERNAL CAL PRIMARY D or CON CAUSE OF DEATH.	STRIRLITING FT	CRIBE HOW INJURY OCCURRED. (E Slipped and fell				
MEDICAL	20c. TIME OF INJUI Hour XXXX. 4 p. m.		THE INDI WHITE	E OF INJURY (Home, farm ary, street, affice bldg., etc. at home		unty) (State) Nash Md	
	21. I certify th	nat I took charge of th	he remains described abo	ve, held an Autops	y 🔲, Inspection κ , Inqui	ry [], and find the	
	death resulted	fram: Natural couse	s 🔲, Accident 📆, Suid	cide 🔲, Hamicide	, Undetermined cause].	
	ACTUAL SIGNATURE	, Robert	heels	M.D. CHIEF MEDICAL EX	SAMINER [DATE SIGNED	
	EXAMINER'S NAME (Type)	S. Robert W	ells, M.D.	ASSISTANT MEDIC DEPUTY MEDICAL		10-15-57	
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF 10-17-57	22c. NAME OF CEMETERY OR ROSE Hill Ceme		22d. LOCATION (City, town, or county) Hagerstown Wash	Co. Md	
23.	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR 246 REGISTRAR'S SI	/ / / A	
	Andre	W K. Coffmen	Hageretown Md.	. Wet	17.1957 Chast	Bocuera	

VS. A15ME(5) 5M 9/55



BUREAU V. S.

VS A15 (4) 15M 9/55 T.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11172 CERTIFICATE OF DEATH

Reg. Dist. No. 302

											/ Sim
1. PLACE OF DEAT			MARYL	AND	O STATE .	-		lived. If institution	na Residence	before od	mission)
b. CITY OR TOY	Washington VN (if outside corporate limi	ts, write	c. LENGTH OF STAY IN			ennsy		ota limits, write RU	Frank		towo)
RURAL and gi	ive nearest town)				_			A-0	the dead fire		i wing
d NAME OF HO	PS LOWN OSPITAL (If not in hospital, o	uve street	12 hrs.		d. STREET A	ulling	er	1 1		- 15	RESIDENCE
OR INSTITUTE	ington County			-	o. prince		_			0	N A FARM?
3 NAME OF	Fire Cold Colding		Middle Middle			non	4. DATE				
DECEASED (Type or print)	MARY	\$1	VIRGINTA		los Activitativativativativativativativativati		OF DEATH	October	•	Day	19 57
5. SEX	6. COLOR OR RACE	7 MAPE	RIED NEVER MARRIED		FINAFRO			9. AGE fin years		YEAR IF U	
Female	White	WIDOWI	-	_	October			lost birthdoy) 68 yrs.			ours Min.
100. USUAL OCCU	PATION (Give kind of work	done 10b.	KIND OF BUSINESS OR						الى بالمواهي <u>ة ماله مواهي</u>	EN OF W	HAT COUNTRY?
House	working life, even if relired	'			Frank	klin C	0]	enn.		U.S.	Δ.
13. FATHER'S NAM					14 MOTHER'S					0.00	
	Jacob Knoll					Julia	Keefe	r			
15. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT			Addre	155		
no	fir yes, give nor at advance or s	es ville [bone	Kn	oll Fina	frock	St.	Thomas	Penns	vlva	nia
	DEATH [Enter only one co	use per lir	ne for (a), (b), and (c)]	-	/	,				INTERVA	LBETWEEN
PART 1	DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o	, (12 1-1 l2 20	el.	7.141	melie	nei			UNSET A	ND DEATH
352X	DUE TO										
	if ony, which) (b	1									
	ting the under-										
lying couse 1)									
PART II.	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMIN	HAL DISEASE	CONDITION GIVE	N IN PART 1	(o) 19 W	AS AUTOPSY
3	150	con	CRIAL		43 1 Kg	ula					□ NO 🗗
VO PART II. 200 ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCC	CURRÉD	. (Enter nature a	if injury in Po	ort I ar Part	It of item 18.)			
20c. TIME OF IT	NJURY Month, Doy, Yes				CE OF INJURY (or town)	(Cou	enly)	(Stale)
M P	. m. 19	While of war	k al wark	4	ury, situat, unite	. 0.08., 616.)					
21. I certify	y that I attended the	decease	ed from J	en	1 , 19.5	7,50	Cer	1957	that I las	st saw t	he deceased
alive on	16ct	19.	2.7., and that d	leath	occurred at	926	M, from	the causes ar	nd on the	date si	tated above.
	21	3 .	1 ×					eet, city or town, s			PATE SIGNED
ACTUAL SIGNATURE	Yu)EL	MED	A	A.D	G/C2	EEM	CRST	25	14	£
PHYSICIAN'S NAME (Type)											
220. BURIAL, CREM	ATION, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d LOCAT	ION (City, lown, or	county)	1	(Stote)
REMOVAL (Spe	10/5/19	57	Norland	Cem	etery		Chan	bersburg		Per	nn.
STREATER	TOR'S SIGNATURE	Home	ADDRESS			240. REC'D	BY REGISTE	RAR 245 REGIST	RAR'S SIGN		1
R. Frank	ly Rouger	101110	Hagerstown	, M	i.	Wet.	1.195	7 6/10	2/10	s-cu	erv

2 .V UARNUA

DECEIVED

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11194

302 Reg. Dist. No.

ſ	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived If institution, Residence by	efore admission)
1	Washington	MARYLAND	STATE Maryland b. COUNTY Wash	ington
Ī	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give	The second secon
J	Hagerstown	2 wks.	A 3 Hagerstown	
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE
	207 1 1 1 1	ounty Hosp.	Antiesam Drive	ON A FARM? YES NO
	3. NAME OF First	Middle	Lost 4. DATE Month	Day Year
Ì		UMERICHOUSE	FISHER DEATH Oct. 11,	19 57
1	5. SEX 6 COLOR OR RACE 7 MARK	HED NEVER MARRIED		AR IF UNDER 24 HRS
Į	Male White widow	ED 🚺 DIVORCED 🗌	May 28,1869 88 yrs Months Day	rs Hours Min.
, [10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS		OF WHAT COUNTRY?
	Farmer		Kemps Mill-Wash. Co. US	A
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
ı	Joel S. Fisher		Louise Snyder	
Ī	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 II	INFORMANT Address	
	No Uou	all to horate MT	s. Julia Spencer-242 E. Main	St.
I	18 CAUSE OF DEATH [Enter only one cause per in	ne far (a), (b), and (c) }	Westminister, Maryland	NTERVAL BETWEEN
1	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for sore		Short her.
١	420.0 DUE TO	-	11 1	4
	Conditions, if ony, which) (b)	Cistoro also	the Heart trouve	sevialym.
١	gave rise to immediate cause (o), stating the under-			
١	lying cause last. (c)			
١	PART IF OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19 WAS AUTOPSY PERFORMED?
1	K			YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part 11 of item 18.)	
ł				
ı	Hour a.m. While		ACE OF INJURY (Hame, form, 20f (City or town) (Count ctary, street, affice bldg, etc.)	ty) (State)
ļ	¥ p. m. 19 at war	k at work		
1	21. I certify that I attended the deceas	ed from Oct (8	1947, to Oct 11 , 195/, that I last	saw the deceased
1	alive on (19) 1/ 19	, and that death	accurred at	date stated above.
Ì	Illo What		ADDRESS (Street, city of lewn, state)	DATE SIGNED
	SIGNATURE TO THE SIGNATURE	or	MD. 1594. Working the St Nogsstr	en kel 10/12/
1			m , m / 101 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Į	PHYSICIAN'S Philip J. Hi	rshman	159 W. Washington StHag	erstown
	720. BURIAL, CREMATION, 726 DATE THEREOF	22c NAME OF CEMETERY OF	PR CREMATORY 22d LOCATION (City, town, or county)	(State)
	Burial 10-13-57	Rose Hill	Cemetery Hagerstown Was	Co. Md.
Î	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNA	TURE
1	Andrew K. Coffman-Hage	erstown, Mar	yland Det 15,1957 Chartti	several

BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

OCT 25 1957.

VS A15 (4) 15M 9/S5 , A

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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11174 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1	o. COUNTY		o. STATE	re deceased lived If Institution: Resident b. COUNTY	ce before admission)
Į.	Washington	MARYLAND	Marylar	nd Was	shington
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		tside corporate limits, write RURAL and g	give nearest town)
Į.	Hagerstown	9 years		rstown	
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	243 N. Potomac Stree	et	243 N. Poto	omac Street	YES NO 10
ľ	3. NAME OF First	Middle	Last	4. DATE Month	Day Year
1	(Type or print) JAMES	GEARD F	TRANKI TIN	DEATH October 13.	3:95 19 57
Ì	S SEX 6. COLOR OR RACE 7 MAR	RIED A NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HPS
1	Male White WIDOW			1300 56 yrs. 9 2	Days Haurs Min.
V	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	r foreign country) 12 CIT	IZEN OF WHAT COUNTRY?
1	total B G B G	wn business		_	S.A.
	3 FATHER'S NAME		14 MOTHER'S MAIDEN NA		
ı	Treas Franklin		Mary	v Devers	
ľ		SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	(Yes no or unknown) (If yes, give wor or dates of service) 2	20-18-0798 M	s. Mary S. Era	anklin Hagerstown.	Md.
F	18. CAUSE OF DEATH [Enter only one couse per li	ine for (a) (b), and (c).1			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	- to the fall fall and fall			ONSET AND DEATH
ı	70 5.4 IMMEDIATE CAUSE (0)				
ı		· / · · ·	· , — '		1 , .
ı	Conditions, if any, which (b)	- pr	7 220 322 617	2 7	2 -
ı	couse (o), stoting the under DUE TO		" The Salary "		7 .4 *
ı	lying couse lost) (c) <	ましいます つと	and one in	ar ican	
ı	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	I I(o) 19. WAS AUTOPSY PERFORMED?
	3				YES NO
	PART II OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	rt I or Port II of item 18 }	
ı	20c TIME OF INJURY Month, Day, Year 20d, I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	County) (State)
ı	Hour o.m While	Not while for	ttory, street, office bldg , etc.)	1	
I			1 17	1 3	
I	21. I certify that I attended the decear	y	1926 10, 10,26	7 200	ost saw the deceased
ı	alive on 192	and that death		M, from the causes and on th	ne date stated above.
ı	ACTUAL 1 Seal (1.1%	AI	DDRESS (Street, city or town, stote)	DATE SIGNED
ı	SIGNATURE - Lo	6063	MD SIZES	(2-2-1-2-2)	
ı	PHYSICIAN'S	# (f to	N. anger
Ļ	NAME (Type)	, 50-)	The state of the s	27	Market Z.
	720. BURIAL, CREMATION, 276. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	/	22d LOCATION (City, town or county)	(Stote)
1	Burial 10/17/1957	St. Mark's Ep	iscapol Cem.	Lewisburg,	Pennsylvania
1	Suter-Rouzer runeral Home	ADDRESS	10 10	BY REGISTRAR 246 TEGISTRAR'S SIG	
	R. Figuklin Perger	Hagerstown, 1	id. west	6.173 GRAHI	Boces D
- Bar					

BUREAU V. E.

OCL 18 1921.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. E.

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		111	10			Reg	Dist. No.
		PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (V	There deceased lived. If institutions Reland b. COUNTY W	aidence before admission)
		o. CITY OR TOWN it of and give neurest town) Hagers	utide corporate limits, water BUI COWN	c. LENGTH OF STAY IN 16		cutide corporate limits, write RURAL rstown, Maryland	and give nearest town)
1	•		# 5	t in hospital, give street address)	d. STREET ADDRESS	R # 5	e, IS RESIDENCE ON A FARM? YES NO Z
	1	NAME OF DECEASED (Type or print)	Fint Char		Lost Ha us e	4. DATE Month OF DEATH October	Day Year 18 19 57
100		Male Male	White w	MARRIED NEVER MARRIED . 8. DOWED DIVORCED .	March 17,192	20 37 yrs Month	DER TYEAR IF UNDER 24 HRS.
1	_ 6	Aircraft	(Give kind of work done life, even if refired) Worker	Fairchilds		or foreign country) 12. town, Md.	CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME D.	Rendall Hau	80	14. MOTHER'S MAIDEN N	AME French	
1	15. Yes	Yes	If yes, give war or dates of service		Mrs. June	Address Bowman Hause - R#	5 Hagerstown,M
		PART I. DEATH LAMP AND A CONDITION OF THE PART II. DEATH LAMP AN	WAS CAUSED BY: MMEDIATE CAUSE (6) DUE TO Which the couse		Fever Valvular hee		INTERVAL BETWEEN ONSET AND DEATH 13 yrs
4	ATION		(c)	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVEN IN F	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DO
	CERTIFICATION	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	KIBUTING L	ESCRIBE HOW INJURY OCCURRED. (E-	iter noture of injury in Port	t I or Part II of îtem 18)	
	MEDICAL	20c. TIME OF INJURY Hour e. m. p. m.	Month, Day, Year FORE 19	20d. INJURY OCCURRED 20o. PLAC While Not while facto	E OF INJURY (Home, farm ry, street, office bldg., etc. None	20f. (City or town)	County) (Stole)
		deoth resulted f		the remains described aboves ses X. Accident . Suice	ide, Homicide	, Undetermined cause	uiry , and find that
		EXAMINER'S NAME (Type)	S. Robert W.		ASSISTANT MEDICAL EX-	AL EXAMINER [10-18-57
		EURIAL CREMATION REMOVAL (Specify) BUTIAL	10/21/195			22d LOCATION (City, town, or count Waynesboro	y) (State) Penna •
	23.	FUNERAL DIRECTOR'S	SIGNATURE OF	Waynesboro, Pen	24a. REC'S	BY REGISTRAR 324. REGISTRAR'S	A Lovery

VS. A15ME(5) 5M 9/55

TO ERAL I

BUREAU V. E.

SECENTED STATEMENT OF THE PROPERTY OF THE PROP

FOR	ST	ATE
HEALT	H	DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be exempted within 24 hours after death. If any delay is necessary, please execute the certificate, writing the world "pending" in pending lite (in 18. Give Pages 1, 2, and 3 to that funct of certar. Page 1. The forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be that the for your files.

2. RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the offer Board of Health, and a signated agent, prior to burial, cremation, or remaral, and in any event within 72 haurs after death.

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V5.	A15ME
5N	2/57

0	COUNTY W	ashington		MARYLAN	O STATE	Where deceased lived If initial to the COU		fore odmission)
	Hagers	town		c. LENGTH OF STAY IN 1	E CITY OR TOWN (I	f outside corporate limits, with COWN	rite RURAL and give n	egrest fown)
ď	I. NAME OF HOSPI	Summit Av		pital, give street address)	d street address 132 Summ	it Ave.		e. IS RESIDENCE
E	NAME OF DECEASED Type or print)	Maur		F . Middle	Hickey"		onth 30,	Yeor 19 57
. 51	male	white	WIDOWED	The state of the s			Months Days	Hours Min
dı	usual occupation works	ON (Give kind of working life, given if retired) QEPT O	done 10b. K	ty of Hag.	Istry 11 BIRTHPLACE (Stole Ireland	or foreign country)	U.S.	E WHAT COUNT
3.	FATHER'S NAME	Peter H	ickey		14. MOTHER'S MAIDEN I	Johan	a Cuffe	
5. (eu,	WAS DECEASED EV	/ER IN U. S. ARMED FC		50CIAL SECURITY NO. 17 7-09-9916A	. INFORMANT	Addr	7051	A.E.O., 11.8
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		Vascular H	lypertension		INTEL	TAND DEATH
	PART 1, DEA 331 X Conditions, if a gove rise to imme (a), staling the couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO Dry, which diote cause or underlying DUE TO (c))	Vascular E	ral hemorrhage		ONSI	TIASO DAATA
	PART 1, DEA 331 X Conditions, if a gove rise to imme (a), staling the couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ony, which dioto cause underlying HER SIGNIFICANT CON NOTE USE WAS NTRIBUTING []) L J IDITIONS CO	Vascular E Acute Cerebo		INAL DISEASE CONDITION	G VEN IN PART I(0)	9. WAS AUTOPS PERFORMED?
	PART 1, DEA 33/ X Conditions, if of gove rise to imme (o), stelling the course light. PART II. OT 200, EXTERNAL CA PRIMARY or CO	TH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO Ony, which dioto cause underlying DUE TO (c) HER SIGNIFICANT CON NOne USE WAS NTRIBUTING [] NONE RY Month, Day, Ye	Diditions Co Did DESCRIBE	Acute Gerebants. Acute Gerebants. NOTE: BUTTING TO DEATH BUTTING TO DEAT	ral hemorrhage	INAL DISEASE CONDITION (1 For Fort II of riem 18.) 1, 120f. (City or town)	G VEN IN PART I(0)	9. WAS AUTOPS PERFORMED?
	PART 1, DEA 33/X Conditions, if a gove rise to imme (o), staling the couse last. PART II, O1 20a, EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU- Hour a. m., p. m. 21. 1 certify t	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ony, which diote cause underlying HER SIGNIFICANT CON None USE WAS NTRIBUTING [] NONE RY Month, Day, Ye none 19	DE DESCRIBE TO DE	Vascular I Acute Gereb NOTE: BUTING TO DEATH BU HOW INJURY OCCURRED NOTE: Not white The control of the cont	T NOT RELATED TO THE TERM (Enter noture of injury in Portact OF INJURY (Home, form actory, street, office bldg, etc. none poove, held an Autaps	INAL DISEASE CONDITION (1 For Fort II of Item 18.) 20f. (City or town)	G VEN IN PART I(o)	9. WAS AUTOPS PERFORMED? YES NO [
	PART 1, DEA 33/X Conditions, if a gove rise to imme (o), staling the couse last. PART II, O1 20a, EXTERNAL CAPRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU- Hour a. m., p. m. 21. 1 certify t	TH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO DORY, which diote cause underlying DUE TO (c HER SIGNIFICANT CON None USE WAS NTRIBUTING [] RY Month, Day, Ye none 19 hat I taok charge resulted from.	DETIONS CO DESCRIBE TO DESCRIB	Acute Gereba	T NOT RELATED TO THE TERM (Enter noture of injury in Portactory, street, office bldg, etc. none pove, held an Autaps	INAL DISEASE CONDITION (1 For Fort II of ITEM 18.) 1. 20f. (City or town) y	(County) Inquiry	9. WAS AUTOPS PERFORMED? YES NO [

BUREAU V. S.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

ACT 21 1957

BECEINED

1			11	CEKII	FICA	ALE OF L	JEATH	Reg. Die	t. No.	302			
J	1. PL	ACE OF DEATH					2. USUAL RESI	DENCE (Who	ere decease	d lived. If institu		a before	admission)
4	0.		ington		MARY	LAND	O. SIAIE	Maryl	and	b. COUNT		ningi	ton
	ь.	CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c CITY OR	TOWN (If or	Itide carpo	orate fimits, write	RURAL and g	ve neare	est town)
		Hagerst	,		D. O. A.		A .	Rur	al Ha	gerstow	2		
	d		L (If not in haspital, g	ive street	address)		d. STREET					e.	IS RESIDENCE ON A FARM?
		Washing	ton County	Hos	oital		R.F	.D.#	3				YES NO
	3. N.	AME OF ECEASED	Fir	st	Middle		La	a†	4. DATE	M	onth	Day	Yeor
i	(1	ype or print)	CLYDE		HERBERT		INGRAM		DEATH	Octobe:	r	8	1957
	5 SE		6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲	B DATE OF BIRT		0.1	9 AGE (In year last birthday)			F UNDER 24 HRS
	m	ale	white	WIDOWI	DIVORCEI	3	October	18g 1	.894	62 yr		20	Hours Min
	10a.	USUAL OCCUPATION during most of working	N (Give kind of work on life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHP	LACE (Stole o	or fareign c	ountry)	12. CIT	ZEN OF	WHAT COUNTRY
1	_		hinest Sun		nufacturin	g p	Lart Sh	innens	burg.	Pennsy	lvania	II.S	S.A.
1	13. F	ATHER'S NAME	•			, ,	14 MOTHER'S	AAIDEN N	AME				
		Wil	liam M. In	gram			Ann	a Hend	rick				
	15. W	VAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. II	NFORMANT			Ac	ldress		
		no		2	14-09-0326	Mı	rs. Dori	s Ston	E F	lagersto	m Rt.	# 3	Md.
	1	IB CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a), (b), and (c).		1			*			VAL BETWEEN T AND DEATH
			H WAS CAUSED BY.	, /	Y Ja Car	373	1 +	77 +1	ret	107		1	AND DEATH
MMEDIATE CAOSE (a) DUE TO										1			
Condition if any which									5	244			
	Conditions, if ony, which gove rise to immediate DUE TO								17.61		(1461)		
		Couse (o), stating It	ne under-										
	z F		FR SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION O	IVEN IN PART	1(a) 19.	WAS AUTOPSY
	CERTIFICATION											` '	PERFORMED?
	FILE	20a ACCIDENT WAS	UNDERLYING IT	20b. DES	CRIBE HOW INJURY OF	CURREI	D (Enter nature o	of injury in P	ort I or Por	t II of item 18.1			KOL KOLA
	EE C	OR CONTRIBUTING IF EITHER, NOTIFY A	UNDERLYING CONTROL CON				•						
	N 2	Oc. TIME OF INJURY	Manth, Day, Yes	or 20d It	NJURY OCCURRED	20e PL/	ACE OF INJURY	Hame, farm,	20f. (City	or town)	IC	ounty)	(State)
	WEDICAL	Hour e.m.	19	While of war	Not white	fee	tary, street, affic	e bldg., etc.			,-	,,	(5.2.1)
ı		p. m.						3 -	-1 6	·	-1		
			at I attended the	deceas	ed fram. Jen								
	- 1	olive onET	7-1-9	, 12_2	, and that	death	occurred of					e date	stated above
		ACTUAL C		11	11				. 1	Ireel, city or tow	n, stole)		DATE SIGNE
	3	SIGNATURE	lay Law	1-1-	1-/		M.D. 314	W 150		150 3	- -		/-3/:
	!	PHYSICIAN'S NAME (Type)	1011	h - 1	Dotten	_29 h		710	Trak	- Iteh	ומ קיי	g.	
		BUR AL, CREMATION	226 DATE THERE)F	22c. NAME OF CEME	TERY O	R CREMATORY		72d 10CA	TION (City, town	or country		(Stale)
		REMOVAL (Specify)	10/10/1									3	
					Rose Hil	I VE	metery	24n, REC'D	Hage BY REGIST	rstown	MATTY DISTRAR'S SIG	NATURE	
			signature er Funeral	Home	Hagersto	wn,	Md.	()	019	57 14	ast.	47	- Beach
	- 1	K. Frankli	in foreger					WALL A	1 mg 1 mg	1 4010	A 77/1		10000

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO "ITEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Polymand 2 should be filed with latrar priar to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. R.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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11181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11204

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY		· ·	here deceased lived. If Institution:	Residence before admission)
Washington	MARYLAND	o. STATE Mary	land 6. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporole limits, write RURA	L and give nearest town)
Hagerstown	19 years	03 Ha	gerstewn	
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS	<u> </u>	e. IS RES DENCE
1045 Florida Ave.		1045 Flor	ida Ave.	YES NO K
3. NAME OF First -DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) WTT.I.TAM	A. K	EESECKER	DEATH Oct. 5 to7	19 57
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UT	NDER TYEAR IF UNDER 24 HRS.
male white wipowe	DIVORCED	Sept. 12, 18	83 Just buildoy) Mon	the Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or fareign country) 12	. CITIZEN OF WHAT COUNTRY
Retired Janitor	Laundry	Cumberla	nd. Md.	U.S.A.
13. FATHER'S NAME	240,102	14. MOTHER'S MAIDEN N		
		unknown		
unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no or unknown) (If yes, give war or dates of service)		s. Marie Bau		rrizona
		5. Paris Dau	RIMMATI LIMOUITY'S	
18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)				
DUE TO	,			
Canditians, If any, which)	was a sal	1 1 - 100	1 9	
gave rise to immediate cause		July Projection		
(a), storing the vicertying				
7 (ONITRIB ITINIC TO DEATH BUT NO	OT BELLIED TO THE TERM	ALAL D COACE CONDITION ON C. VENT IN	ALET MUNICIPALITY
PART II. OTREX SIGNIFICANT CONDITIONS CO	DIVINIBULING TO DEATH BUT N	OT KEEKTED TO THE TERMI	NALD SEASE CONDITION GIVEN IN	PERFORMED?
3				YES 🛃 NO 🗌
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. (En	iter nature of injury in Port	For Part For item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e PLAC	E OF INJURY (Hame, farm	, 120f. (C'ty or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. White p. m. 19 of we	e Not while facta	ry, street, affice bldg., etc.		(//
	ork of work			
21. I certify that I took charge of the	remains described abov	e, held an Autops;	/ 🛂: Inspection 🔲, In	quiry 🔲, and find the
death resulted from: Natural causes	4. Accident [], Suic	ide 🔲 , Homicide	, Undetermined cause	
7 5 6	-2.1.			
SIGNATURE TO THE TANK		M.D. CHIEF MEDICAL EX	AMINER [A DATE SIGNED
-	-	ASSISTANT MEDICA	AL EXAMINER [19/10
EXAMINER'S NAME (Type)	777	DEPUTY MEDICAL E		1,/2
220 BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, tawn, or cou	nly) (Slate)
Burial 10/11/1957	Rose Hill Ceme	terv	Hagerstown, Mar	and the
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		SY REGISTRAR 246, REGISTRAR	
23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home	Hagerstown, M		17 1450 Land	49

VS A15ME(5) 5M 9/55

7 1 a)\8'())

USA DESCRIPTION

Reg. Dist. No.

PLACE OF DEATH U. COUNTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

	D. COUNTY WE	shington		MARYLA	LND	o. STATE	Md.		b. COUNTY	Wash	ingto	n
Г	b CITY OR TOWN (If RURAL and give nee		ls, write	c LENGTH OF STAY IN	4 1b	c. CITY OR	TOWN (If a	outside corpo	rote limits, write RI	URAL and g	jive neorest	town)
L	Hag€	erstown		life		00	Hage	rstown	1			
Г	OR INSTITUTION	KL (If not in hospital, g	ive street	oddress)		d STREET	ADDRESS				e. (S	S RESIDENCE ON A FARM?
L		ganore Ave	,			352	Ling	anore	Ave.,			S NO K
3.	NAME OF DECEASED	Fir	ş1	Middle	lo	st	4. DATE	Mon		Dey	Year	
L.	(Type or print)	Elmer		Ben jamin		Kershne	er	DEATH	10		27	1957
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRT		,	9. AGE (In years	-		UNDER 24 HRS
	male	white	WIDOW	DIVORCED		March 5,	, 1868		loight (hday)	Months	Days Ho	ours Min
100	. USUAL OCCUPATIO	N (Give land of work a	ione 10b	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHP	LACE (Stole	or foreign c	ountry)	12. CITI	ZEN OF W	VHAT COUNTRY?
1_	retired 1	laborer	N.	Y. Central	Iro	n Vks	Wash.	Co. 1	id.	U	S.A.	
13	FATHER'S NAME					14 MOTHER'S						
	L ar	nlear Kers	mer			ŀ	lary E	llen l	Ringer			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		NFORMANT			Addr			
Ĺ	no			none	Ir	a Kershr	ier	Hage	rstown, M	d.		
	IB CAUSE OF DEAT	TH [Enter only one co	use per lit	ne for (o), (b), and (c).)		1	//	//			INTERVA	AL BETWEEN
П	PART I. DEAT	H WAS CAUSED BY-	1	Myoca	_	die	1 14	nfer	ichy	D-C	- INSEL	AND DEATH
	420.0	DUE TO	1	4		//	1	11/	14			. /
	Conditions, if on		In	duo de	1	enal	er ,	dec	cal the	sece	R-1	10 Um
	gove rise to in couse (o), stoting t											
П	lying couse lost. (c)											
N N	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART										r 1(o) 19. ∀	WAS AUTOPSY ERFORMED?
3												S NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature o	of injury in	Part I ar Por	t II of item 18.)			
Z V	20c. TIME OF INJURY	Month, Doy, Yes	or 20d II	NJURY OCCURRED 2		ACE OF INJURY			or lown)	(0	County)	(State)
MEDICAL	Hour o. m. p. m.	19	While of wor	k ot work	lo:	tory, street, offic	e bldg , elc		,			
	21. I certify the	at 1 attended the	deceas	ed from 3/157	13	19	. to /	0/27	15	thot 1.1	last saw	the deceased
	alive on	0/25/5	7. 19	, and that a	leoth	accurred at	600	M. from	n the causes a			
		00 0	71	, , , , , , , , , , , ,		, /	1		treet, city or town,	stote)		DATE SIGNED
	ACTUAL	Cocse	pe	ing		M.D. 9	rger	2/0	-	1/1	41	10/20/5
	PHYSICIAN'S NAME (Type)	EARL	1/	OUNG	N	1D V	/ 	HA	CERS	To	WN	MD
22	BUR AL, CREMATION REMOVAL (Specify)	, 22b. DATE MEREC	F	22c. NAME OF CEMET		-		22d. LOCA	TION (City, town, o	er county)		(State)
	burial	10-29-5	7 ′	Broadfor	din	g		Bro	adfording	<u> </u>		Md.
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'	D BY REGIST	RAR 246 REGIS	TRAR'S SIC		,
F	red W. Kra	iss Hager	stown	, Md.			The state of	.31.19	15767	ast	1	reveso
-												

BULLEAU V. S.

11206

11216 **CERTIFICATE OF DEATH**

305

3			4							10 13 D 131, 11	0, 0			
-		LACE OF DEATH	shington		MARYLAND	2. USUAL RE o STATE	SIDENCE (Wh	ere deceased l	ived If institute b. COUNTY		ashington			
	ŀ	BOONS BO	Foutside corporate limits arest town) PO	94	TH OF STAY IN 16 BEKS									
7		OR INSTITUTION	AL (If not in hospitol, givil der Nursia		d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM YES NO				
	1	NAME OF DECEASED (Type or print)	Milva	M	Middle 3.0	Kinse	y y	4 DATE OF DEATH	Mon	tober	33	reor 19 57		
	5. S	female	6. COLOR OR RACE white	7. MARRIED N	EVER MARRIED []	Feb.		873 '	AGE (In years last birthday) 84 yrs	Months Day		R 24 HRS Min.		
Ę	100	during most of work NOUSE W.	N (Give kind of work di ung life, even if retired) 11 C	one 10b, KIND OF OWn				or foreign cou D , IVIQ .		12 CITIZEN	OF WHAT	COUNTRY?		
	13.	FATHER'S NAME	Dallas Fo	rd		14. MOTHER	'S MAIDEN N		rudenc	e Hut2	ell			
)			R IN U.S. ARMED FORCE (If yes, give wor or dates of ser	teces		MFORMANT Obert	L. Ki	nsey,	Smiths		Md.			
	NO	PART I. DEA Conditions, if as gove rise to is cotto (a), stating lying couse last.	mmediale (DUS TO	, te	/ Reis	tive Ca	TO THE TERMI	Carrell NAL DISEASE	CONDITION GIV	ecare o	TERVAL BE NSET AND	DEATH		
,	CERTIFICATION	200 ACCIDENT WA	S UNDERLYING [20b. DESCRIBE HO	W INJURY OCCUR	IED. (Enter nature	of injury in P	ort I ar Part II	of item IB.)			NO 🗌		
	L CER	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Day, Year 19		while	PLACE OF INJURY actory, street, off	(IHome, form, ice bldg., etc.	, 20f. (City o	r town)	(Caunt	γì	(Stote)		
		21. I certify that I attended the deceased from Oct 72571957, to Oct 23, 1957 that I last saw the deceased alive on Oct 23, 1957, and that death occurred at 10°PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNATURE SIGNATURE A.C. 137(1). Classical 10.2537												
1		PHYSICIAN'S NAME (Type)	Kobert	P. Co	777794		14	96.	rstow	77, 7770	q,			
	220	BURIAL, CREMATIO	N, 226. DATE THEREOF 10-26-5"		ME OF CEMETERY		ry		on (City, tawn, o		(State	=}		
	23.	FUNERAL DIRECTOR			DRESS			BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE	. 1		
	, k	Scott F.	Minnich &	Son,	mithsbu	irg, Md	● DATE	£.26.19:	510	Elin S	·100	st.		

TO HULLITAL OR ATTENDED FIFTE FINE CLAN: The low majorites that the death certificate be exemiled within 24 hours after death. Page ■ay be retaine ## the hispitat or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page. I should be detached for use as the burial-transit permit. Then please remave carban papers. Page the Telastrar prior to burial, cremation, ar remaval, and in any event within 72 hower after death. VS A15 (4) 15M 9/55

in by the funeral director, and 2 should be filed with

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MARSE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11217 CERTIFICATE OF DEATH

Reg. Dist. No. 132137

	4							vell em	11141	0 J
1, PLACE OF DEATH			MARYLAND	2 U	SUAL RESIDENCE (WH		b. COUNTY			
	ngton	c. LENGTH OF STAY IN 16	-	Maryland Washington c. CITY OR TOWN (If subside corporate limits, write RURAL and give nearest town)						
RURAL and give r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							OKAL oud Bu	ve negresi n	ownj
Rural Bo	RUPAL BOONSDORO d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION) The street of the street o			1	Rural S	mithl	ourg			
OR INSTITUTION	ITAL (IT not in nospilo), g	ive street	oddress)	1	J. STREET ADDRESS				01	RESIDENCE N A FARM? 図 NO □
3. NAME OF DECEASED	Fir	st	Middle		Last		Month		Day	Year
(Type or print)	Calvin		R		ne	OF DEATH	10)	27	1957
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		TE OF BIRTH		9. AGE (In years			NDER 24 HRS.
male	white	WIDOW		1	./27/1880		lost-birthday)	Months E	ays Hou	rts Min.
100. USUAL OCCUPATI	ON [Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign c	country)	12. CITIZ	EN OF WH	AT COUNTRY?
Ch.	rlong life, even if retired no zom	,	farm		Marylan	đ			U.S	
I'arm OW 13. FATHER'S NAME	Her		Term	14.	MOTHER'S MAIDEN N	~			Upt	
Mi ab = 01	Viinc					_	no Maria	****		
Michael IS, WAS DECEASED EV	KIINE ER IN U. S. ARMED FOR	CES? 14	SOCIAL SECURITY NO. 117	INFOR	Mary Ca	filei,	ine Maus			
(Yes no or unknown)	(If yes, give war or dates of s			'S e	Juanita	Water			Md .	
			1.4	<u>۵</u> •	oualiz ca	11 Ca. 5	o Omi	Dui 6		
	ATH [Enter only one co ATH WAS CAUSED BY:	use per	ne far (a), (b), and (c)]		tois	2.00				BETWEEN ND DEATH
PART I. DE	IMMEDIATE CAUSE (o	- H	neralizat		news	ieren	rozes		4	410.
112,000	DUE TO)	/							1
Conditions, if	10	1								
gove rise to)								
lying couse lost	se (a), stating the <u>under-</u> lig couse last. (c)									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19. W	AS AUTOPSY
\$										FORMED?
PART II. OT	AS UNDERLYING TO	20b. DES	CRIBE HOW INJURY OCCURR	ED (Enl	er noture of injury in l	Port I or Par	1 II of ilem 18)			
(IF EITHER, NOTIF	G L.) CAUSE OF DEATH Y MEDICAL EXAMINER)									
3 20c. TIME OF INJU	RY Month, Doy, Ye	or 20d I	NJURY OCCURRED 20e. F	LACE O	F INJURY (Home, form	, 20f. (City	y or town)	(Co	unty)	(Stote)
20c. TIME OF INJU	19	While	Not while	aclory,	street, affice bldg., etc.)		,	**	, ,
			4 4 2	- 1	/2	1/ 5		7		
21. I certify of	hot I offended the		\ <u>-</u>	- /	, 19.1. f, to_O			1		ne deceosed
olive on_97	MACCIA D	_, 19,=	and that deat	h occ	-				date st	ated obove,
	11/11	11	11.		12:	ADDRESS (S	treet, city or town,	stole)	101	DATE SIGNED
ACTUAL MONATURE	J. W.	LA	an	_M.D.	191	TWO	-000m			4151
PHYSICIAN'S								' /		
	r. Gerald	Let	<u>zan</u>		Boon	sboro	n. Md			
	ON. 226. DATE THEREC)F	22c NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City fown, i	or county]	[5	itale)
burial (Specify		957	U.B. Ceme	ter	v	We	olfsvill	e- Mo	3.	
23 FUNERAL DIRECTO			ADDRESS			D BY REGIST		STRAR'S SIGN		/
Gladhil	l Co . Mi	ddle	etown, Md.		DATE	131	57 ma	Kather	411 2	MALUKA
		~~~~	200 11223 2200 5		7/0	THE	MON	Total	-LA	SHOWING

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 d in by the funeral director, I and 2 should be filed with may be retained by the haspital or attending physician.

TO EU ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely by should be detached for use as the burial-transit permit. Then please remove carbon papers. Post the Tagistrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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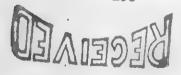


BUREAU V. S.

VS. A15ME(5) 584 9755

BUREAU V. L.

OCT 28 1957



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	-									
PLACE OF I		shington		MARYLAND	2. USUAL RESIDENCE (V			han: Resider		
	earest lown)	visida corporate limits, writ	+ BURAL	c. LENGTH OF STAY IN 16	c city or town (if		porate limits, write		give neares	tawn)
	F HOSPITA	L OR INSTITUTION (	If not in hos	pitol, give street address)	d. street Address Hagersto		**		1.0	S RESIDENCE ON A FARM?
3. NAME OF DECEASED	Loy	Fir		Middle	Lost	4. DATE	Month	1	Day	Year
(Type or pr	nt)	Phyll		Marie	Maloy	DEATH	Oct	-	20	19 57
Femal	le	White	7. MARRI	ED MEVER MARRIED   B.	Jan. 22 19	30	9. AGE (In years lost burthday) 22 yrs.		Days Hou	NDER 24 HRS
10g. USUAL O	CCUPATIO	lite, even it retired)	dane 10b. i	Ailon Co.	Clearspr	-			S.A	AT COUNTRY
13. FATHER'S	NAME				14. MOTHER'S MAIDEN I	NAME				
	Ca	arl Hiles	3		Ed.	na E	shelman			
15. WAS DECI	wn] [	R IN U. S. ARMED FO If yes, give wor or dates of NO	RCES? 16.	- 1	· Robert M		TT Address	rstow	n, Mo	RF ¹⁾
18. CAUSI	OF DEATI	4 (Enter only one car	use per line	for (a), (b), and (c).]					INTERVAL B	TWEEN
PAI	RT I. DEATH	WAS CAUSED BY:		Open Fracture	kull				161	YIN.
210		DUE TO		Multiple fractu	re ribs					
		y, which) (b)		Closed fracture						
	to immedi ng the vi	ate couse DUE TO		olosed fracture	LG. ICHUI					
cause to		) (c	)						1	
NO PAI	IT II, OTHI	ER SIGNIFICANT CON	IDITIONS CO	ONTR BUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PE	RFORMED?
		Non							YES [	NO 🔣
PRIMARY)	INAL CAUS OF CON DEATH.	TRIBUTING		E HOW INJURY OCCURRED. (E to- train colli		t i ar Part II	of item 18.)			
0	OF INJUR'	Month, Day, Ye Oct. 209	Whit	INJURY OCCURRED 20e. PLAN  Not white ork at work	CE Of INJURY (Home, form pry, street, office bldg., etc. R. Track—Se	)		(Cov l- Hag		(State)
21. 1 ce	rtify the	at I took charge	of the	remoins described abo	ve, held an Autops	у 🔲 , 🛚 1	nspection 🗶	Inquir	y 🔲, or	d find the
deoth r	esulted	from: Notural	couses	], Accident 🔀, Sui	cide 🔲, Homicide	U	ndetermined o	cause 🔲.		
ACTUAL SIGNATU	De -	Rober	7)	neels	M.D. CHIEF MEDICAL E	KAMINER [	3		DA	TE SIGNED
EXAMINI NAME (T	R'S	S. R	obert	Wells, M.D.	ASSISTANT MEDICAL				Oct.	21 '57
220 BURIAL, G Burla	(Speciful)		DF 1-57	22c. NAME OF CEMETERY OF ROSE H111	CREMATORY Cemetery		TION (City, town, rerstown		_ '	State)
23. FUNERAL I			41	ADDRESS, CHICA		D BY REGIS	, , ,	STRAR'S SIG	L/	wer

6

TO DEPUTY MEDICAL EXAMINER: This certificate should be evecuted within 24 hours after death. If an cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ITEMAL DIRECTOR: Page 3 should be used as a burial-transit permit, Sile pages 1 and 2 with the n VS. A15ME(5) 5M 9/55

any delay is necessary, please exefuzeral director. Page 4 shauld be

cremetion,

rer prior to buriel,

BUREAU V. E

OCT 28 1957

BECEIVED

Dr. SR Wells 11184 **CERTIFICATE OF DEATH** 

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-	9"	-
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	1	\
3		

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302 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Washington Washington b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest lown) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? 1111 Salem Ave. Salem Ave. YES NO 1 3. NAME OF Middle 4. DATE Year October EMERSON (Type or print) JOHN MARTIN 19 57 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED TA NEVER MARRIED 8. DATE OF BIRTH WIDOWED [ DIVORCED [ August 3,1883 Malle 100. USUAL OCCUPATION IGIVE kind of work done 10b KIND OF BUSINESS OR INDUSTRY 13 BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired.

Conductor—Penna. R. R. —Retired Chambersburg, Franklin USA 14 MOTHER'S MAIDEN NAME Co., Penna. 13 FATHER'S NAME Mary C. Ebersole Abraham WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No 6-09-9418Mrs. Nan C. Martin-Illl Salem Ave. 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Carcinoma lymph gland of neck 8 mos IMMEDIATE CAUSE (0) DUE TO Arteriosclerotic myocardial heart disease Canditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY None PERFORMED? YES TO NO 121 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH None 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (Cily or lown) Month, Day, Year 20d INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) 0. m Not while None at work of wark Deg. 1951 to Oct. 26 ... 19 57, that I last sow the deceased 21. I certify that I attended the deceased from. ____, and that death occurred at 405 M, from the causes and on the date stated above. DATE SIGNED N. Potomac Street 10-26-57 PHYSICIA N'S Hagerstown, Maryland S. Robert Wells, M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial Rose Hill Cemetery 10-28-57 Hagerstown, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coffman-Hagerstown, Maryland

EUFTAU Y. S.

296T T NON

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	. 11185 CERTIFICATE OF DEATH Reg. Dist. No. 363
	1. PLACE OF DEATH O. COUNTY  O. STATE  O. STATE  D. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) b. COUNTY  O. STATE  D. COUNTY  O. STATE  D. COUNTY  O. STATE  D. COUNTY  O. STATE  D. COUNTY  D. COUNTY  O. STATE  D. COUNTY  D.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  **NOWGUNSVL[ C
	d. NAME OF HOSPITAL (If not in hospital, give street piddress)  de IS RESIDENCE ON A FARM? YES [] NO THE
	3. NAME OF DECEASED (Type or print) MENNO S. Middle MARTIN DEATH OF 26 1957
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9 AGE (In years low-birthday)   Months Days Hours Min   O 3 ya.
death.	100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign Payntry)  12. CITIZEN OF WHAT COUNTRY  (15. )  12. CITIZEN OF WHAT COUNTRY  (15. )  (15. )  (17. )  (17. )  (18. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19. )  (19
T Spiler of	Daniel W. Martin Rebecca Shank
72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. ophistoph) (If yes, give wor or dates of sarvice) 220-26-7348 Ms. Mary Martin - Mangansul
t within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSE! AND DEATH ONSE! AND DEATH
even	DUE TO
id in any	Conditions, if ony, which gove rise to immediate cotise (a), stoling the underlying cause lost.  (b) Conditions (b) Conditions (b) Conditions (c) Conditions
emavai, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES   NO
dr rem	200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
emafion,	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o m.  p. m.  19  20d. INJURY OCCURRED foclory, street, office bldg., etc.)  20f. (City or town) (County) (Stote)
rial, cr	21. I certify that I attended the deceased from
be detaction to bu	ACTUAL SIGNATURE A DOLL ON DATE SIGNED  ADDRESS (Sweet, city or sown, stole)  ACTUAL SIGNATURE  ADDRESS (Sweet, city or sown, stole)  ACTUAL SIGNATURE  ADDRESS (Sweet, city or sown, stole)  ACTUAL SIGNATURE  ADDRESS (Sweet, city or sown, stole)
shauld be	PHYSICIAN'S De EW. HITTO b. Alba gention my 17/26/27
he	220 BURIAL CREMATION, 22b. DATE (THEREOF) 22c. NAME OF CHMETERY OR CREMATORY 22d. ACCATION (City. 16/10, or county) (Specify) 10/29/5-7 Leit- Clu, Clurbors, M. (Stote)
(4) 55	23. FUNERAL DIRECTOR'S SIGNATURE POPRESS  240. RECID BY REGISTRAR 240, REPOSTRAR'S SIGNATURE  CELETION OF THE POPRESS SIGNATURE  250. REPOSTRAR'S SIGNATURE  CELETION OF THE POPRESS SIGNATURE  260. RECID BY REGISTRAR 240, REPOSTRAR'S SIGNATURE  CELETION OF THE POPRESS SIGNATURE  260. RECID BY REGISTRAR 240, REPOSTRAR'S SIGNATURE  260. RECID BY REGISTRAR 240, REPOSTRAR'S SIGNATURE
	Pa.

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DEADECEN.

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## VS. A15ME(5) 5M 9/55

	11	186 MED	ICAL EXAMI	VER'S	CERTIFICA	TE OF	DEATH	Reg. Dis	112 1. No	12
1.	PLACE OF DEATH				2. USUAL RESIDENCE (V	Where deceas			ce before o	rámission)
L	0. COUNT	Washington	MA	RYLAND	o. STATE Md.		b. COUNT	Wash.	ingto	n
	b. CITY OR TOWN (	f outside corporate limits, write RUI n)	E. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (II	f outside corp	porote limits, write	RURAL and	give neares	i town)
_	Hager:		DOA		03 Hagers	town				
			it in hospital, give street add	ress)	d. STREET ADDRESS				0.	S RESIDENCE
		ington Co. Ho	spital		317 S. I	Poteria.	c St.		YE	S D NO D
3.	NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mont		Day	Year
L	(Type or print)	William			rtin	DEATH	10		25	19 57
5.	SEX		MARRIED   NEVER MARR		ATE OF BIRTH		9. AGE (In years fast birthday)	Months D	YEAR IF U	INDER 24 HRS.
L	male		DOWED DIVORCE	Divini -	3-25-1889		68 ym.		,	
100	<ul> <li>USUAL OCCUPATI during most of working</li> </ul>	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS O	R INDUSTRY	11. SIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
_	retired	guard	Fairchilds		Wash. Co	o. Md.			U.S.A	•
13	FATHER'S NAME			1	4. MOTHER'S MAIDEN ?	NAME				
L		<u>narles Martin</u>			Mary Alex	kander				
15 (Ye	. WAS DECEASED EY	ER IN U. S. ARMED FORCES	[78]		_		Address			
	no		220-09-931	6 Cha	ırles W. Maı	rtin	Hughson	ı, Call	if.	
			per line for (o), (b), and (c).]		-				INTERVAL E	ETWEEN DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Acute	Corons	ry occlusio	n				
	4 2	DUE TO	Generaliza	ev he	enulor or	terio	soleros	:1 a		
	Conditions, if c			00. 60	ocarar ar	00110		, 10		
	gove rise to imme (o), stoting the									
	Couse lost.	(c)								
CERTIFICATION	PART II. OT		ONS CONTRIBUTING TO DEA	TH BUT NO	FRELATED TO THE TERM	INALDISEASI	ECONDITION GIV	TEN IN PART		AS AUTOPSY REORMED?
2		None							YES [	NO 🔀
RTH	20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING []	ESCRIBE HOW INJURY OCC	URRED. (Ente	er nature of injury in Por	1 For Port II	of item 18.)			
			None							
MEDICAL	Hour o.m.	W	20d. INJURY OCCURRED While Not while	20a. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	ել i 20f. (City .) ¦	or town)	(Coun	ity]	(Stote)
¥	p. m.	None 19	of work of work	1	lone		-			-
	21, 1 certify t	hat I took charge of	the remains describ	ed above	, held an Autops	y 🔲, 🛮 Ir	spection 🕱	Inquiry	🔲, ar	d find that
	death resulted	from: Natural cau	ises 🕱, Accident 🗌	], Suicid	de 🔲, Homicide	Ur	ndetermined o	cause 🔲.		
		01700	7/12 01	2					D. 61	TE SIGNED
	SIGNATURE_	, Your	/ Well	7	A.D. CHIEF MEDICALE	CAMINER [			UA	IE SIONED
	EXAMINER'S	6 D1-15	2 2 2 2 2		ASSISTANT MEDIC	AL EXAMINE	R 🔲	10.00	C: ***	
	NAME (Type)	S. Robert W	elis, M.D.		DEPUTY MEDICAL	<b>EXAMINER</b>	3	10-28	-21	
220	BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEME	ETERY OR CR	EMATORY	22d, LOCAT	ION (City, town,	or county)	(	Stole)
	burial	10-30-57	Browns	ville		Brown	sville		Md.	
-										
23.	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		24g. REC	D BY REGIST		STRAR'S SIGN	HATURE	easy

MAPYIAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18

FOMETO K. S.

DEALECT!

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. K.

VS A15 (4) 15M 9/55 11214

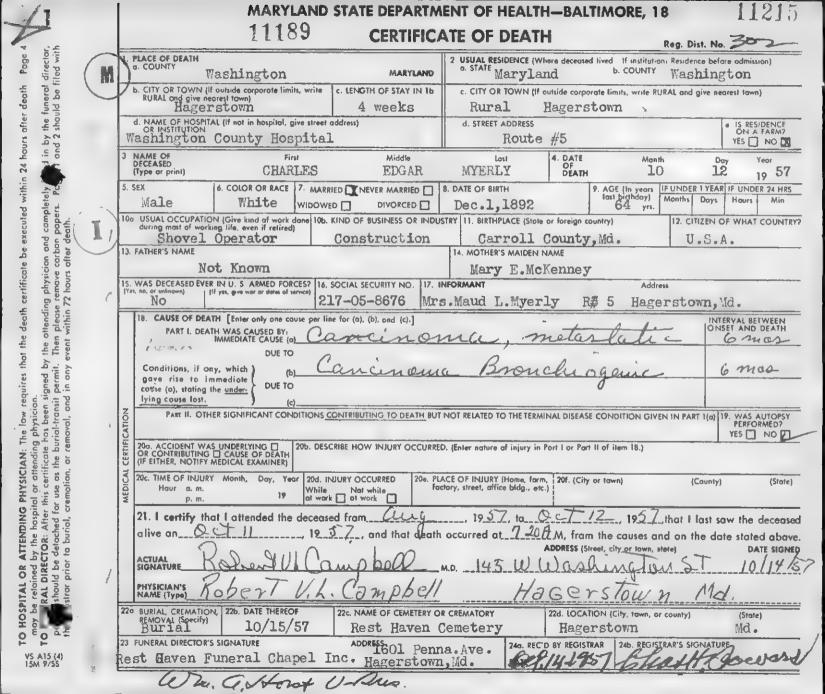
11188 CERTIFICATE OF DEATH

Reg. Dist. No. 30Z

. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (WH	ere deceased lived. If m	stitution: Residence	a before admission)
. ashington	MARYLAND	Mo	b. CO	Wash	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, w	_	ve negrest town)
RURAL and give nearest town) He gerstown	11 days	x2 rurs	1 Smit	hsburg	
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS			e. IS RESIDENC ON A FARM
	y Hospital	RFD 2			YES NO
B. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year
(Type or print) Daniel	Elmer	Muritz	OF DEATH	Oct. 16	1957
SEX 6. COLOR OR RACE 7. MARK	HED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In plasts birth	yeors IF UNDER 1	YEAR IF UNDER 24 H
male   white wow	ED DIVORCED	March 12, 18	384 739	doy) Months D	Doys Hours Min
Op. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZ	EN OF WHAT COUN
freight handler r	ailroad	Liddkebu	urg, wid.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
John Muritz			Anna Sw	isher	
	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	05-10-5192	Mrs. Mffje	e Luritz,	Smithsb	ourg, 1d2
[18. CAUSE OF DEATH [Enter only one couse per lie			2 20003	CHIT OHO D	
01071 071011111 011100 01		2 4			ONSET AND DEAT
IMMEDIATE CAUSE (a)	runary thron	11,0318			lil ques
₩ 4.1.0 DUE TO					
Canditians, if any, which ) (b) A	rteriosclero	otic heart o	ii seuse		la verr
gove rise to immediate DUE TO					_
lying cause lost.	ertensive c.	rdiovascula	r diseuse		78 ve. n
					1(a) 19. WAS AUTOP
					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS C	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II of item 1	3.1	1.00 1.0
OR CONTRIBUTING CAUSE OF DEATH		,		,	
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	, 20f. (City or town)	10-	-1.1
Hour o. m. While	Not while fa	ictory, street, office bldg., etc.	) i	(Co	ounty) (Sto
			1		
21. I certify that I attended the deceas	ed fram Oct. 5	, 19 <u>5 /</u> taC	ot. 16 , 19	57that I lo	ist saw the dece
alive an 00%, 10 , 19	57 and that death	accurred at 10:5	M. from the cour	es and an the	e date stated ah
1 1			ADDRESS (Street, city or		DATE SIG
ACTUAL	22 22	100 Dm 4		A 1 7	/
SIGNATURE // C.	Elbon The	M.O. 100 Pr. f	ession, i	MITS	indian-alder
PHYSICIAN'S William T. La	yman, M. D.	Н н	91877	ey 9	and a
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	O COEMATORY	22d. LOCATION (City, Id	1	
REMOVAL (Specify)	Rose Hill				(State)
Du Tal			Hagersto		
3 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC	BY REGISTRAR 24b	REGISTRAR'S SIGN	HATURE
Scott F. Mirnich & Jos	a, Hagerstow	in, i.d. of	17.1777	mayor	LIBLUER









OCT 16 1957



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death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



OCL 18 1957



CERTIFICATE OF DEATH 11190 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Washington Marvland Washington Ē b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 0 Hagerstown Hagerstown

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 81 Mulberry Ave Washington Co. Hospital YES NO NAME OF Middle Lost DATE Month Yeor Day DECEASED (Type or print) Gl enn Piper DEATH Lerov Oat 1957 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS fost birthday) Months I Doys Hours DIVORCED [7] WIDOWED IX Male October 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Inspector-Pangborn-Retired Saxton-Bedford Co. Penn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Ann William L. Piper Sheets 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 14 SOCIAL SECURITY NO Address No Mr Paul 4 - 09 - 6133L Piper Pittsburgh Penna 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) 420.1 DUE TO Conditions, if any, which ? gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b/ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f (City ar tawn) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Nat while of work of work 23 Rel 21. I certify that I attended the deceased-fram Lithat I last saw the deceased and that death occurred at PM. fram the causes and an the date stated above. ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) Burial Rest Haven Cemetery Hagerstown Maryland 23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Hagerstown Mdm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

JCL 50 1957

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BUNEAU V. S.

after deoth: Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TECEDY FIN

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d in by the funeral director, l by the attending physician and campletely vit. Then please remoys cerbon papers. Po ny event within 72 thors after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4		TO IT RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely. Id in by the funeral director,	should be detached for use as the burial-transit permit. Then please remays—carbon papers. Plant and 2 should be filed with	-
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SPIT	pe u	2	2	SOIST
5	may be retained by the haspital or attending physician.	5	ą	1
0	E	10	-	-

.		2 12 17							114 B. D.	*** **** (		
	1, PLACE OF DEATH a. COUNTY	FI: GTON		MARYLAND	2. USUAL RESIDE a. STATE MAR TAA		re deceased	lived. If instituti		ce before	odmissie	on)
		f outside corporate limits.	write c. LENG	OTH OF STAY IN 16			itside corpo	rate limits, write R	SHIN(	TI UIV	st fawn)	
	RURAL and give ne	arest town)							onna ona ş	grid illedit		
		OWN RURAL: AL (If not in haspital, give	7	YEARS	APPL		N_RU	RAL			IS RESI	DENICE
	OR INSTITUTION		street doctess)		, d. STREET ADI	DKE22				1	ON A	FARM?
		NSBORO MD.	ROUTE	2	BOI	ONSB	ORO	MD.ROUT	E 2		YES 🗍	₩0 🗌
į	3 NAME OF DECEASED	First		Middle	Lost		4. DATE	Моп	th	Day	¥.	ear
	(Type at print)	CLARENCE	E.		RICE		DEATH	OCT.9	195			9
	5. 5EX	6. COLOR OR RACE 7	MARRIED T	IEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER			
	MALE	WHITE "	/IDOWED 🔲	DIVORCED 🗍	MARCH 9	191	1	46 yrs.	Months	Doys	Hours	Min.
	100 USUAL OCCUPATION	IN (Give kind of work dor	ne 10b. KIND OF	BUSINESS OR INDI	USTRY 11. BIRTHPLAC	CE (State o	r foreign c	ountry)	12 CIT	IZEN OF	WHAT	COUNTR
II		ing life even if retired)	CO ROA	ים משת מו	LOGUE	am a	ROTE	WASH.C	OMD	TT	S.A	
	13. FATHER'S NAME		- VO ATION	M. Dill.	14 MOTHER'S N			TANDII . O	O STILL	• <u>V</u> •	N.M	
	CAM	WEL CARICE	7		MORTO	34 (0	DOMIT					
		R IN U. S. ARMED FORCE		SECURITY NO 17.	INFORMANT	M.C.	ROWL	Add	ress			
ŗ	(Yer, no, or unknown)	(If yes, give war or dates of servi	(0)				<b>AT </b>				<b>a</b>	•
	NO				WRS_GRACI	E RI	CE B	oons bor	O MD	ROU		Ľ.
		TH [Enter only one cause	per line for (a)	, (b), and (c) ]	571	- 1	,				VAL BET E AND I	
	1	TH WAS CAUSED BY. IMMEDIATE CAUSE (a)	_60	Marco	Varo	mel	or	フ		5	1 6	<u>~.</u>
	420.1	DUE TO		/								
	Conditions, if o	ny, which ) fbl_		•								
	gove rise to it couse (a), stating	mmediate (										
	lying cause last.	(c)										
	PART H. OTH	IER SIGNIFICANT CONDIT	TIONS CONTRIBL	JTING TO DEATH BU	T NOT RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T I(a) 19.	WAS A	UTOPSY
١,	¥ V									,	PERFOR	
	200 ACCIDENT WA	S UNDERLYING [] 20	Db. DESCRIBE HO	W INJURY OCCURE	ED (Enter nature of i	injury in Po	art I of Pari	t II of item 18.)				
	C (IF EITHER, NOTIFY	S UNDERLYING 1 20 1 1 20 1 20 1 20 1 20 1 20 1 20 1										
	20c, TIME OF INJUR	Y Month, Day, Year	20d. INJURY O	£	LACE OF INJURY (Ho actory, street, office b	ome, form,	20f (City	or town)	(0	County)		(Stole)
	Hour o.m.	19		t while work	acidity, sireel, diffice c	and , erc i						
		es I essented she d	annual from	Det 9	1057	10 Ar	1 9	Las	1	14		
		at lattended the d	ecedsed from			00	¥	- /	,that I			
	alive on DCC	000	, , , , , , , , , , , , , , , , , , , ,	, ond that déat	h occurred of	g		n the couses o		he dote		
	ACTUAL	61/11	1/1/11.	n -	10	7	CDDIKESS (SI	irel, city or town,	statej		10	TE SIGNE
/	ACTUAL SIGNATURE	UNU KI	NU	9	M.D.	01	reac	000				
	PHYSICIAN'S NAME (Type)	G.W.L	e Var	3				h	d			
	220 BURIAL, CREMATIO	N, 22b. DATE THEREOF	22¢. N.	AME OF CEMETERY	OR CREMATORY		22d. LOCAT	MON (City, Iown,	or county)		(State	1
	REMOVAL (Specify)				OVE CEME		Loc			ASH.		
	23. FUNERAL DIRECTOR		-//	DRESS			AY REGIST	,	STRAR'S SIC			1.
	12.0 7	I Harry	( F) 1777	INGAR	DAN!	19	E 121	e	leu V	M. F	3	<b>y</b> -
	THE LAND	C Have	MACON I	MY CANCA	1/4	DATE(L)	1. 0.	70/1/ 10	CCCT 1		1600	4



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VS A15 (4) 15M 9/SS Mr

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1	9
WILL EVIAN	JIMIL	DEIAKIMENI	VI	HEALIN DALINIONS,		u

**CERTIFICATE OF DEATH** 

11192

Reg. Dist. No. 302

11223

1.	PLACE OF DEATH					2 USUAL RESI	DENCE (V	There deceas	ed lived If institu		ce befor	e odmiss	ion)
		ington		* MARYLA	UND	o. STATE	Mary]	land	b. COUNT	Was	hing	ton	
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limi	ls, write	c LENGTH OF STAY IN	136	c. CITY OR 1	TOWN (IF	outside corp	or <b>ote</b> limits, write	RURAL ond	give nea	rest town	nj.
	Hagerst			28 years		Ha	agers	stown					
	d NAME OF HOSP TA	AL (If not in hospital, g	give street	oddress)		d STREET A	DDRESS				1	e. IS RES	IDENCE FARM?
L	621 Guilf	ord Ave.				621 (	Guilf	ford A	ve.		Ì		NO 🔄
3	NAME OF DECEASED (Type or print)	FI H	121	MARGUER TTE	3	RICKROD		4. DATE OF DEATH		onth her	Day 1.0		Year 1957
5	SEX	6. COLOR OR RACE	7 MARR	IED MEVER MARRIED		8 DATE OF BIRTH	Н						
L	Female	White	WIDOW	DIVORCED		January	11,	1895	9 AGE (In year lost birthdoy) 62 yr	Months	Doys 29	Hours	Min.
100	<ul> <li>USUAL OCCUPATIO during most of work</li> </ul>	N (Give kind of work: ing life, even if retired	dona 105.	KIND OF BUSINESS OR	INDUS	STRY IT DIRTHPL	ACE (Slot	e or foreign	country)	12 CI1	IZEN O	F WHAT	COUNTRY
	housewif	`e				Cham	berst	ourg,	Pa.		U.S.	A.	
13.	FATHER'S NAME					14 MOTHERS	MAIDEN	NAME					
_		m Crist					Mary	/ Wise					
15	WAS DECEASEDEVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO		NFORMANT				ldress			
L	no			none	Mı	c. Louis	Rick	crode	Hagers	town,	Md.		
	18 CAUSE OF DEAT	TH [Enter only one co	use per lir	ne for (o), (b), and (c) ]			-					RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY TAMMEDIATE CAUSE (o	)	Grenons		Coche	our	~			UNSI	ET AND	elle C
	,	DUE TO						~ ~ ~ ~	n				-
	Conditions, if on		. /	typhenser	1	cerde	222	Jen	A Aust	orl	1 8	24c	7
	gave rise to in couse (a), stating to	nmediate (		7		6/.		1				C	-
	lying couse lost.	(c	,	Cerchan		1 ven	MA	Lung	~		0	710	-0.
N Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THETERA	AINAL DISEA	SE CONDITION G	IVEN IN PAR	T 1(o) 19		AUTOPSY RMED?
3		*											NO .
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCC	URREC	Enter nature of	f injury in	Port I or Pa	rt II of item 18 )				
3		Month, Day, Ye	or 20d In	NJURY OCCURRED 20	De PLA	CE OF INJURY (	Home, for	m, 20f (Cil	y or lown)	((	County)		(Stole)
MEDICAL	Hour o.m	19	While of work	Not while	foc	tary, street, office	bldg, et	rc. )					
	21. I certify the	gtyl attended the	decease	ed fram		19 5	ta C	25/	19-5	7,that I	last sa	w the	deceased
	alive on	AT 247	11911	7, and that d	eath	occurred at	41	$\frac{7}{2-M}$ , fro	m the causes	and an t	he dat	e state	d abave
	1/1		W .	0'			re ter		Street, city of town			D/	ATE SIGNED
	SIGNATURE /	14/ Mar	1150	luar	1	4D/596	, we	dung	10001	25.80	2220	32	and of
	PHYSICIAN'S	1 8/											
L	NAME (Type)												
220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	)F	22c. NAME OF CEMETE	RY O	R CREMATORY		22d. LOC/	ITION (City, town	or county)		(State	e)
	Burial	10/12/19	257	Rest Haver	1 Ce	emeterv		Hag	erstown,	Maryl	and		
23	FUNES PERSONS	SIGNATURE ral	Home	ADDRESS	36	3	240 REC	P BY REG S	TRAR 246 REG	HETRAR'S SIG	SHATUR	E	
	R. Franklin	Revger		Hagehstown,	M	l.	Sie!	1.12.6	OLEN	ell.	10	eve	121

BUREAU V. E.

MAISON IN

Reg. Dist. No. 302

_											
	1. #	LACE OF BEATH LOUNTY Tashington		MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY Maryland Washington						
	ŧ	CITY OR TOWN (If autside carparate limits, v RURAL and give nearest fown)	vrite	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL and g	ive near	est tawn	
		Hagerstown		15 Yrs	Hagerst	own					
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  OR STREET ADDRESS									, 15 REST	DENCE	
		51 West Franklin	St		51 West	Frank	clin St			YES 📋	
	3. 1	NAME OF First		Middle	Lost	4. DATE OF	Mor	ith	Day	Y	eor
		Type or print) BETTIE			RUBEN	DEATH	00.	t 9 1	957	1	9
	5 5	EX 6. COLOR OR RACE 7.	MARR	IED NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			
	E	Cemlate White W	DOWE	DIVORCED	June 2 189	3	64 yrs.	Manns	Days	Haurs	Min.
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	e 10b	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stole	or foreign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY?
		Houeswork		Own Home	Hagersto	wn Wa	ash. Co	Md.		ŲSA	_
1	13.	FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME					
	1	Max Ruben			Lena	Simor	1				
		WAS DECEASED EVER IN U. S. ARMED FORCES		SOCIAL SECURITY NO 17, 11	NFORMANT		Add				
1	I	0		None As	aron S. Rub	en 1]	133 Ham:	ll ton	B1	vd	
		18 CAUSE OF DEATH [Enter only one couse	per lir	ne for (o), (b), and (c) ]	Hagerstown	lv. CL .				T AND	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Carriery	occluse	en	A			Level	
		420.1 DUE TO	,	1 1	N		1				
		Conditions, if any, which ) (b)		typs knowl	Cordiovesa	rlev	Desira		>	z gr	o .
		couse (a), stating the under-		0	On some	-1	A-1-			7.24	-03.
		lying cause last (c)_	*.	Juspetid	Corenous	7/	overy	1		200	
	CATION	PANT II. OTHER SIGNIFICANT CONDITI	ONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NACDISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	UTOPSY MED?
	3									YES 🔲	
	CERTIFI	OR CONTRIBUTING   CAUSE OF DEATH 1	DESC	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in t	Port I or Por	I II of item 18.)				
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				<del></del>					
	MEDICAL	Hour a.m.	20d II While	UJURY OCCURRED 206 PL	ICE OF INJURY (Home, farm lary, street, office bldg., etc.	, 20f (City ) !	y or lawn)	(C	(ylnuo		(Stote)
	¥.	p. m. 19	ot worl	k 🔲 ot work			_				
		21. I certify that Lattended the de	ceas	ed fram. LEV. 2-3	1935, 10/7	49	195 7	that I l	ast sa	w the	deceased
		alive on ATT ATT.	195	Z, and that death	accurred at 574	M, frai	m the causes o	and an th	ne date	e state	d above.
		Then XN. cla	7	j	4 - 21/61	ADDRESS (S	treat, city or town,	store		DA	TE SIGNED
7		SIGNATURE STORY	uic	W	40 (59W.1.US)	lug	100 19.0	1481	2'=11	Red	10/19
		PHYSICIAN'S	-61	Line Ilman							, ,
		NAME (Type) PITILIFY	-//	אויזוונאן							
	220	BUR.AL, CREMAT.ON, 22b. DATE THEREOF REMOVAL (Specify)	_	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote	)
		Burial Oct 11-195			nam Cemeter				h.	Co	4d
		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	240. REC'	BY REGIS	TRAR 245 REGI	STRAR'S SIG	NATUR	1	
	_1	Indrew K. Coffman	Hag	erstown Md.	sej.	11.17	1 Chu	ro-	SY	Jec	verso

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely at in by the funeral director, possible the detached for use as the burial-transit permit. Then please remove carbon papers. In and 2 should be filed with the experiment to burial, crematian, at remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
·				

1101	CERTIFICATE	OF	DEATH
1194	CERTIFICATE	01	DEAII

Reg. Dist. No. 382

		PLACE OF DEATH O COUNTY  Washington  MARYLAND						2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a STATE b. COUNTY Washington							
	1					c. LENGTH C	OF STAY IN 16	c CITY OR TOWN (If outside carporate limits, write F			RURAL and give nearest town)				
	_	Tagerstewn Md. 60vrs:						Magerstewn Maryland							
		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 136 WILLIAM AVE.					d STREET ADDRESS  136 William Ave.  15 RESIDENCE ON A FARM? YES NOT								
	_														
		NAME OF DECEASED		Fi	nit	_	Middle	lo	ist	4. DATE OF		inth	Day	Yeor	
	<b>_</b>	(Type or print)				Remy		0053*		DEATH	70		_ 58	19 5	
	5. 5		6. COLO	R OR RACE		HED 🗍 MEVEI		B DATE OF BIRT	TH		<ol> <li>AGE (In years last b ribday)</li> </ol>		YEAR IF U		
	Miles.	al.	Cel	204	WIDOW		OVORCED	Jeb 2	5 1878	8	79 yrs				
J	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refried)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?														
1	12	JAM11 FATHER'S NAM	<u> </u>		PE	27859	ramily		rezate	TA N	arylan	A UE	A.		
	1.3.								S MAIDEN NA						
,	16	GOOTES SOOTS  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFO							EY WE	17621					
,	(Yes	i, no or unknown)		rar or dates of s		SOCIAL SECUI	_	NFORMANT				dress			
		H.				nene_		ine Sco	£ 1.	36 W	lliam	ATE			
			F DEATH [Enter		ouse per lu	ne for (a), (b),	and (c)		. ,					ND DEAT	
			IMMEDIA	TE CAUSE (c		(0	auan	1/ 0-1	cclus	cui			10	، در سه	€.
		420.		DUE TO	)	711	*	./ ~		1	0 0				
		Canditions, if any, which by Taken 10-3 clero Vic Clark clineuse byen													
		couse (a), stating the under DUE TO													
	z	lying cause		) (c	DIVIONE C	CATERIA	MAT CU	NOT RELATED TO					21.1.120.34	AC AUTOR	ne w
	CHION	130	OTHER SIGNII	7	_		4.3	NOI RELATED IS	2 0			VEN IN PART	PE	RFORMED'	?
		200 ACCIDEN	T WAS UNDERL	//	-		CI COCHERS	D (Enter nature o	4	e an a		ho 1	YES	□ NO	
	L CIIRTIF	OR CONTRIBL	TING CAUSE	OF DEATH	200. 0030	CKIDE HOVE III	V/GRT OCCURRE	D (chier hardre t	or injury in ra	in i di ron	in or tiem to.j-				
	MEDICAL	20c. TIME OF I		Day, Ye		NJURY OCCUR		ACE OF INJURY office	(Home, form,	20f (City	or tawn)	(C	ounly)	(51	ole)
	MEC		. m.	19	White at worl	k of work	· · ·		o orage, ereij	,					
21. I certify that I attended the deceased from Hay 1, 1955, to get 25, 1957, that I last saw t										he dece	ased				
		alive an	OLT	22	12.5	57_, and	d that death	accurred at	900						
			( )	/	7 ,		517				eet, city or town			DATE ST	
		ACTUAL SIGNATURE_	che	and	_ W	·X-1	X044	M.D					/	0/301	5-7
/		PHYCICIA MIC.													
		NAME (Type)	Edward	W. D	itto	111,	E.D.	217 W.	Wash	ingto	on St.	Hager	stow	n, l	Id.
	220	BURIAL, CREN	ATION, 22by	ATE THERE	)F	22c. NAME (	OF CEMETERY O	R CREMATORY	2	22d. LOCATI	ION (City, town,	or county)	(	Stole)	
	I	wrial	X	-23-	1957	Rese		lemeter	7	Yaga	estions.	Mary	and		
	23	FUNERAL DIREC	CTOR'S SIGNATI	JRE		ADDRES!		Occil	245 REC'D	BY REGISTE	245/RE2	STRAR'S SIG	NATURE		2
	A	ohm	4 Ma	MAN	T	Herdy	re-man	THA	1450	1.19	DIGH	24/1	1284	res	U

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	11195	CERTIFICA	TE OF DEATH		Reg. Dist. No.	11226					
	1. PLACE OF DEATH , c. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland		Residence before admission) lashington						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	URAL and give nearest town)								
Į	Hagerstown  d. NAME OF HOSPITAL (If not in hospital, give street)	Life	Hagerst								
	OR INSTITUTION Vashington County Hospital	oddress)	d. STREET ADDRESS	ganore Ave.		ON A FARM? YES NO X					
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	h Doy	Year					
	(Type or print) HERMAN	DAVID	SHANK	DEATH 10	1.6	19 67					
	5. SEX 6. COLOR OR RACE 7. MARR Male White WIDOWI	A	June \$3,1906	9. AGE (In years lost birthday) 51 yrs.	Months Doys	Hours Min.					
l	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote o	r foreign country)	12. CITIZEN OF	WHAT COUNTRY?					
	Milk receiving station	Dairy	Hagerstown	n.Md.	U.S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Willia m S.Shank		Nettie C.Carbaugh								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No   If yes, give wor or dotes of services   214-09-0049   Mrs. Herman Shank 404 Linganore Ave. Hagersto										
- 1	18. CAUSE OF DEATH [Enter only one couse per lie	ne for (o), (b), and (c).}				RVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Ĭ	/2 hour								
	[5]	ronary Ather	osclerosis	Un	Unknown.						
	gove rise to immediate costs (a), stating the under-										
	lying cause lost. (c)	CONTRIDUCTION OF ATH BUT	ALOT OF LITTO TO THE TENNES.	AL DISPLACE CONTINUES AND IN		MARCHING BEV					
	PART II. OTHER SIGNIFICANT CONDITIONS OF THE CONTRIBUTION OF THE C				' '	PERFORMED? YES NO					
	20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 white of wor	Not while foc	CE OF INJURY (Home, form, tary, street, office bldg , etc.)	20f. (City or town)	(County)	(State)					
	21. I certify that I attended the decease		, 19, ta(	0.16.57, 19	,that I last say	w the deceased					
	alive an 10-15-57 19	, and that death	occurred a P 30 4	M, from the causes ar	nd an the date	e stated above.					

ACTUAL SIGNATURE

Young

148 N. Potomac St. Hagerstown, Md.

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 10/18/57 22c. NAME OF CEMETERY OR CREMATORY Resadfording Cemetery 22d. LOCATION (City, town, or county) Broadfording, Washington Co.Md.

ADDRESS (Street, city or town, stote)

(State)

PHYSICIAN'S NAME (Type)

Haven Funeral Chapel Inc. 1601 Penna. Ave. Hagerstown, Md.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page FUNERAL DIRECTOR: After this certificate has been signed TO HOSPITAL OR 0

in by the funeral director, and 2 should be filed with

after death

DECEIVED

BUREAU V. Z.

BUREAU K.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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SUREAU V. S.

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BOONSBORO

22c. NAME OF CEMETERY OR CREMATORY

CEMETERY

24g, REC'D BY

Reg. Dist. No. 305

- 1	2. USUAL RESIDENCE (Who	ere decease		oni Residence be	fare admission)
IND	MARYLAND		WASH	INGTON	
1 1b	c. CITY OR TOWN (If a	utside carpo	rote limits, write R	URAL and give r	learest town)
3	BOONSBOR	.0			
	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	HIGH STR	PIE			YES NO NO
	last	4. DATE	Mon	th	Doy Year
	SMITH	OF DEATH	OCTOBER	18 19	57 19
190 E	DATE OF BIRTH		9. AGE (in years	IF UNDER I YE	
	JUNE 2 1866		lost birthday) Q1 yrs	Months Day	Hours Min
INDUS			ountry)	12. CITIZEN	OF WHAT COUNTRY?
	NEAR BOON		O WASH.	сф.MD.	U.S.A.
	ELIZABETH	PAL	MED		
17 IN	IFORMANT	IALL	Add	ress	
R	OY SMITH HI	GH B	T.BOONS	BORO MI	D
col	arteris	sel	ersi	9	NSET AND DEATH
					/
H BUT 1	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	'EN IN PART (o)	PERFORMED?
CURRED	. (Enter nature of injury in P	art 1 or Par	t II of item 18 )		
	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.		y or town)	(Caunt	y) (Stale)
10	195/,100	it.	8 195	that I last	saw the deceased
leath	accurred at 3.1		m the causes o	and an the c	late stated above.
	12	ADDRESS (S	treet, only or town,	state)	DATE SIGNED

22d LOCATION (City, town, or county)

BOONSBORO WASH.CO.MD.

(Stole)

O 10 VS AIS [4]

RAL DIRECTOR:

should be

alive an A

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

22b DATE THEREOF

OCT.20

195



1				MARYI	AND ST	ATE DEPARTM	ENT OF HEALT	H-BAL	TIMORE, 1	8	112	31
*				1122	27	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. P	vo. 3	43
director filed wit	,	1.	PLACE OF DEATH	all.VTO.		MARYLAND	2 USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	on Residence b	efore admissi	on)
P C P P	in the state of th		b. CITY OR TOWN ( RURAL and give n	If outside carporate limi earest tawn)	Is, write c. LE	NGTH OF STAY IN 16 5 YEARS	c. CITY OR TOWN (IF	outside carpo	CAR SPRI	_	nearest town	)
rs ofter d by the fun 2 shauld	00	-		FAL (If not in hospital, g	ive street addres		d. STREET ADDRESS	-,	our Diter	. U [	e IS RESI ON A	DENCE FARM? NO IP
24 hav			NAME OF DECEASED (Type or print)	Fir	st 1 i	Middle	ITH SR.	4. DATE OF DEATH	Mon	њ ()	Day Y	/ear
within etely		5. 5	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED E	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		9. AGE (In years (last birthday)	IF UNDER 1 YE Months Day	AR IF UNDE	957 R 24 HRS. Min.
e be executed an and cample carbon papers.	-	100	USUAL OCCUPATION	111110000000000000000000000000000000000	tone 10b KIND		STRY 11 BIRTHPLACE (Stote VIRGINIA		ountry)		J.S.A.	
on and carban		13.	FATHER'S NAME	7.0	\ <u>\.</u> \	- R. H.	14. MOTHER'S MAIDEN			`		<u></u>
physici mave haurs	1	15. (Ye	WAS DECEASED EVI	I. S. TTTH  IR IN U. S. ARMED FOR (If yes, give wor or doten of se	arvice]		EDA RIDO	E	Addr	ess		
death ce trending please re vithin 72	,	-		ATH [Enter only one co		-IO-480Dil (0), (b), and (c) ]	3. /EULA 3	0			NTERVAL BET	
y the all Then			,* ·	IMMEDIATE CAUSE (a		umon	d d	Citre	W(1263		34	10
requires than, and in any			Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (			V					
The law physici has been rial-tran		ICATION					NOT RELATED TO THE TERM			EN IN PART 1(a	PERFOR	NO 🔀
tending ificate the be		L CERTII		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Por	t 11 of ilem 18.)			
PHYSIK of ar at this cert r use as		MEDICAL	20c, TIME OF INJUI Haur a. s., p. m.	RY Manth, Day, Yes		Not while fo	ACE OF INJURY (Home, fars ctory, street, office bldg., etc		or tawn)	(Coun	ly}	(Stote)
inbing ie haspil it: After xched fa surial, a			21. I certify the	at l attended the	deceased fr	The state of the later of the l	16, 1955, 10 ( accorred of 45	LM, fran		That I last		
R ATTE			ACTUAL SIGNATURE	wilk	Bre	wer	M.D. Cler		treet city ar town.			TE SIGNED
retain RAL Di RAL Di should istrar p	-		PHYSICIAN'S NAME (Type)	David	RI	Brewe	Υ					7 7 7
may by Property of Fundamental		220	BURIAL CREMATIC REMOVAL (Specify	JOT 4,	1957	PARK HEA		22d LOCA	TION (City, town, o		(State	) • .
VS A15 (4) 15M 9/53	*	22	FUNERAL DIRECTOR	S SIGNATURE	Cli	ADDRESS Sories	DATE /	D BY REGIST	trar 246 regis	TRAR'S SIGNAT	Town	rlor
		U				(	7	,		1 Defe	ul ; T	

BUREAU E. E.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11228 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg Sharpsburg "aryland 86 Mrs. d. NAME OF HOSPITAL (If not in hospitol, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? Main Street 116 E. Jain Street 16 4. YES NO T NAME OF First Middle 4. DATE Year DECEASED DAISY (Type or print) SWAIN DEATH Oct. 20 19 5 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years dos birthday) March 13 Female WIDOWED T DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home Sharpsburg "aryland USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clinton Swain Elizabeth Highberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT No NoNone Mr. Charles Mc Graw 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Broncho-pneumonia IMMEDIATE CAUSE (o) **DUE TO** 2 weeks Influenza Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY arteriosclerotic cardio-vascular-renal diseases NoVI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Not while of work of work October 20, 57, that I last saw the deceased 21. I certify that I attended the deceased from October 7 19 57 and that death accurred at 3 A alive on Oct. 20. 1957 19 _M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR Sharosburg. Md. Walter M. Shealy M. D. PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Mt. View Cemetery Sharpsburg varyland 23. FUNERAL BIRECTOR'S SIGNATURES ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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My version letter

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	35
11199 CERTIFICATE OF DEATH	10Z/
1. PLACE OF DEATH  o. COUNTY WAS MINGTON MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution. Regidence before odm o. STATE No. COUNTY WAS N.	ission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and GIVE S-OWN	
\$ 30 Mastr. (1) Herspital Kind - Handers Langers Langers	ESIDENCE A FARM?
3. NAME OF DECRASED (Type or print) CLAVENCE W. WEAVER DEATH OCT 1, 195	Year 197
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF SIRTH  12/10/1884  9. AGE (In years list UNDER I YEAR IF UN  Nonths Days Hour  7. Months Days Hour	
100. USLAL OCCUPATION (Give kind of work done) 100, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHI  during post of working life, every if retired)  LUCAL  USA  USA  USA  USA	T COUNTRY?
13. FATHER'S NAME	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ROY Hagens	own. K
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o), CORD NAR   ROYBOSIO  IMMEDIATE CAUSE (o), CORD NAR   ROYBOSIO	BETWEEN ID DEATH
TXU.1 DUE TO	1
Conditions, if ony, which gave rise to immediate cotise (o), stoting the under-lying couse lost.  Conditions, if ony, which gave rise to immediate cotise (o), stoting the under-lying couse lost.  (b)  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF YES.	S AUTOPSY FORMED?
OR CONTRIBUTING CLAUSE OF DEATH    OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CONTRIBUTING CLAUSE OF DEATH   OR CO	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Not while of work of	(Stote)
21. I certify that I attended the deceased from \$\frac{7}{30}\sum_{\text{out}} \frac{1}{30}\sum_{\text{out}} \frac{1}{30}\sum_	
ACTUAL AC	DATE SIGNED
SIGNATURE  SIGNATURE  M.D. W. W.L. W.L. W.L. W.L. W.L. W.L. W.L	43
The state of the last support	ote)
23. FUNEAU DIRECTOR'S SIGNATURE  VS A15 (4)  240. REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE  VS A15 (4)	A1/
15M 9/55 Complete - Frencosto Oper 3, (95) Chart Down	

BUREAU V. S.

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VS A15 (4) 15M 9/55 M

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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18

11229 CERTIFICATE OF DEATH

11236 Reg. Dist. No. 332

1		11000	,						keg. Dist. No.	~~~
)	1 PLACE OF DEATH o COUNTY			as a few su	- 11	USUAL RESIDENCE		d lived. If institution	Residence before	e admission)
		ington		MARYLA		Maryla		Was	shingto	n
	b. CITY OR TOWN (# RURAL and give no	f outside corporate limits arest town)	, write c	LENGTH OF STAY IN	16			rote limits, write RUR	AL and give near	rest lown)
	RURAL Hag	erstown		5 Years		RURAL-H	lagerst	cown 🔑		
	d NAME OF HOSPIT	AL (If not in hospital, giv	e street od	dress)		d STREET ADDRESS		/		IS RESIDENCE ON A FARM?
	Hagerstow	n R.F.D.	#1			Hagerstow	m R.B.	D. #1		YES NO
	3 NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Month	Day	Year
	(Type or print)	Bessie	Э			Wells	DEATH	OCtober	c 25	1957
	5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED		DATE OF BIRTH		The second secon		IF UNDER 24 HRS.
	Female	White	WIDOWED	DIVORCED [	J M	arch 17.	1871	lost birthdoy) 7	Months Doys	Hours Min
	10a. USUAL OCCUPATIO	N (Give kind of work do	ne 105. KII	ND OF BUSINESS OR I		Y 11. BIRTHPLACE (SI	ole or foreign c		12. CITIZEN OF	WHAT COUNTRY?
4	Housewi	ing life, even if retired)	H	ome		New Jer	rsey		USA	
-	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME		0012	
		William S	mall				Rhoda	Hicks		
	15. WAS DECEASED EVE	R IN U. S ARMED FORCE	E57 16 SO	CIAL SECURITY NO.	17 INF	DRMANT			1 от т	17.000
	(Yet no or unknown)	If yet, give war or data, of ser	11(0)	lone	Mrs	. Willia	m Well	Mt. Vi S Hagers	ew Tra	i RFD #1
	18. CAUSE OF DEA	TH [Enter only one cau	se per line	for (a), (b), and (c)		411	n	<	INTE	ALGETWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	[ 江	1211120	7/	+arou	1200	R	ON T	TAND DEATH
	ing.	DUE TO		CC VO CITY	7				7-6	South the same
	Conditions, if a	ny, which ) (b)_								(1
	gove rise to it couse (a), stating t	nmediate (								V-
	lying couse last.	(c)_								
	PART II. OTH	ER SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TE	RMINAL DISEAS	E COND TION GIVEN	I IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
	3									YES NO
	PAST II. OTH  2004 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	06 DESCRI	BE HOW INJURY OCC	JRRED	Enter nature of injury	in Port I or Par	I II of ilem 18 )		
		MEDICAL EXAMINER)	1							
	ZOc. TIME OF INJURY	Y Month, Day, Year	20d INU	JRY OCCURRED 20	e. PLAC facta	E OF INJURY (Hame, fi y, street, office bldg.,	arm, 20f. (City etc.)	ge/own)	(County)	(State)
	₩ p. m.	19		ol work	<u>, [</u>		/			
	21. I certify th	at I altended the a	eceased	from/C/2	7/	10_ 10_	10/2	8/5197	that I last sa	w the deceased
	alive on	0/20 15	12	and that de	eafh o	ccorred at	M fran	n the couses and	on the date	e stoted above.
	19	112.114	9/	kg		1 1/1/			ole)	DATESIGNED
	ACTUAL SIGNATURE	2 Clotet	4	Muy	Щ. М.	Che XI	C11114	150MT	MICY	1012/157
	PHYSICIAN'S	The second	//-	1						1 19
	NAME (Type)	U = I		//				/ 		
	22a. BUR AL, CREMATION REMOVAL (Specify)	N, 226 DATE THEREOF	/ 2	20 NAME OF CEMETE	RY OR C	REMATORY	228 LOGA	NON (C ty town, or	county)	(Stole)
	Burial	Oct. 28	1957		et	Cemetery	Free	derick .	Md.	
	23 EUNIERAC DIRECTOR	SIGNATURE	1 stud	DRESS	1 -	240. RI	EC'D BY REGIST	RAR 245 REGISTE	PAR'S SIGNATURE	
	Cully	cerge	VIL	Morniged	1/1	OFFICE OFFICE	229.19	57 10 Ha	41720	every
		- 17								1017 1017 1017

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VS A15 (4) 18M 9/55

		1111 114 11	LAND	STATE DEPART	MENT OF HEALT	H-RALIIM	ORE, 18	1	1123	17
		112	00	CERTIFIC	CATE OF DEAT	H		L Reg. Dist. N		
1.	PLACE OF DEATH	<del></del>	-		2 USUAL RESIDENCE (V	Vhere deceased lived				
1	o.county Wishin	gton		MARYLANI	II A STATE	Ma	ghing.	ton		,
		f outside corporate limi	its, write	c. LENGTH OF STAY IN II					rearest lown	1
	Hagers			7 Days	Hager	stown				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	ive street	oddress)	d STREET ADDRESS				e ts RES	SIDENCE FARM?
	Wash.	county I	losp:	ital	/ 1480 Je	fferson	Blvd			NO 🔼
	NAME OF DECEASED (Type or print)	NORMAN	nt .	Middle FREDERICK	ton WHITMER	4. DATE OF DEATH	ot 1	1957	'	Yeor 19
-	SEX	6. COLOR OR RACE	7. MARS	RIED NEVER MARRIED				UNDER 1 YEA		
	Male	White	WIDOW		August 22	1898		Months Doys		Min.
100	USUAL OCCUPATIO	N (Give kind of work	done 10b.		DUSTRY 11 BIRTHPLACE (Stol			12. CITIZEN	OF WHAT	COUNTRY
	Glass Bl	ing life, even it refired	)	eon Sign Co				J ¢	JSA	
13	FATHER'S NAME				14 MOTHER'S MAIDEN	NAME				
/	Fred J.	Whitmer			Esther	Barnes				
15		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address			
	Yes	If you do wor or do to of	2:	20-16-3546	rs Elizabet					
			use per lu	ne for (o), (b), and (c) ]	1480 Jelle	reon Slv	a na	- I'N	MERVAL BE	TWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	U2cm	19			0.	2 6	
	163.1.1	DUE TO		0 1.	/					
	Conditions if or		(	202 tic	Stuno	317 6	/1		120	2)
	gove rise to it couse (o), stoting			1						
_	lying couse fost.	) (c		Decumpse	2 jutin					
CERTIFICATION	PART II OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN	I IN PART 1(o)	19 WAS	AUTOPSY RMED?
FICA CA	20- ACCIDENT NA	S IN IOTAL WATER	201 DEC	CRIAT HALL IN HILL CO.					YES 🗍	МО
ERT	20a. ACCIDENT WA	CAUSE OF DEATH MEDICAL EXAMINERS	AVO. DESI	CRIBE HOW INJURY OCCUR	RED, (Enter nature of injury in	Port I or Port II of	item 18 j			
	20c. TIME OF INJUR		nr 20d II	NJURY OCCURRED 200	PLACE OF INJURY (Home, for	206 (City or In-		101		16 1-1-1
MEDICAL	Hour o.m. p.m	19	While	Not while	foctory, street, office bldg., at		vnj	(County	rı	(Stole)
	21. I certify th	at I attended the	deceas	ed from 22	, 19.57, ta	1 act	19.57,1	that Llast	saw the	decease
	alive an	Och	19_	7, and that dec	ith accurred at 10:20					
	1	0011	1		, ,	ADDRESS (Street, c				ATE SIGNE
	ACTUAL SIGNATURE	clothy,	of the	sacl and	_M.D// 5	WIL	-ash	1-20ch	10	12/5
	PHYSICIAN'S NAME (Type)	5/den .	8	Hoach on	In H	~9 e220	Luca		mi	
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	226. LOCATION	City, town, or a	county)	(Stote	e}
F	Burial	Oct 3 1	957	Rose Hill	Cemeterv	Hagersto	own Wa	sh. C	o Md	•
	FUNERAL DIRECTOR			ADDRESS	24a. REC	D BY REGISTRAR		AR'S SIGNAT	URE	
1	Andrew K.	Coffman	Hag	erstown Md.	10060	3.1950	dono	AHA	ALLM	ero/

-MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. Z.

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VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11238 302

11201CERTIFICATE OF DEATH Dr. Ralph Young

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  Washington  MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagers town  6 months	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 433 West Washington St.	d. STREET ADDRESS 433 West Washington St.  on A FARM? YES IN NO IX
3. NAME OF First Middle OTCEASED (Type or print) EDNA RUTH WI	NGERD 4. DATE Month Day Yeor OF DEATH October 25 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWER DIVORCED DIVORCED	Sept. 23,1886 71 yrs. Months Doys Haurs Min.
Housewife Own Home	Duffield, Franklin Co. USA
John Wolf	14. MOTHER'S MAIDEN NAME Alice Saum
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) 1 (If yes, give wer or dates of vervice)	Roy B. Wingerd-560 Salem AveHagersto
18. CAUSE OF DEATH [Enter only one cause portine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO	Proplexy Interval between onsetyand death
Conditions, if any, which gove rise to immediate couse (a), stating the under.  Lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram 10/24/ alive on 10/25/, 1957, and that dea  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	th accurred at 27. M, from the causes and an the date stated abave.  ADDRESS (Street, city or town/stole)  M.D. William Africa T, M. C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BUTIAL 10-27-57 Rest Have	or CREMATORY 2d. TOCATION (City, town, or county) (Side) en Cemetery Hagerstown, Wash, Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman-Hagerstown.	Marylante Oct. 23, 1857 Chart Gowers

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100 2 700 1

BUREAU V. E.

OCT 30 1957

BECEINED

				IE OF DEATH	6		Reg. Dist.	No. 302	
shington		MARI	rLAND	2. USUAL RESIDENCE (W) o. STATE Maryl:		lived. If institution b. COUNTY	Washi		ssion)
(If outside corporate lim	its, write c	LENGTH OF STAY	IN 16	e. CITY OR TOWN (IF	outside corpore	ate limits, write RU	RAL and give	nearest tov	vn)
wn		1 hour		03 Hage	erstown	1			
Ν _				d STREET ADDRESS 28 E. W.	ton Stree	t	ON	A FARM?	
MARY	rst	Middle		LOST DYATT	4. DATE OF DEATH			26	Y#01 1957
6. COLOR OR RACE	7. MARRIEI	NEVER MARRI	ED B		9	AGE (In years			-
White	WIDOWED	DIVORCE	DO !	November 30,	1884				Min.
orking life, even if retires	done 10b. Kil	ND OF BUSINESS C	OR INDUST				12. CITIZEI	N OF WHA	T COUNTRY
						,			
cus Leith				E	liza A	igerman			
VER IN U. S. ARMED FO		CIAL SECURITY NO	), 17. IN				11		
Iff yes, give war or dates of	service)	none	M	rs. Blanche	Durkee	Hagerst	own, M	id.	
Ony, which immediate DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO The policy of the polic	Ade	nocarci	noma	ovary wit	is.			(h1 s	tory)
	or 20d, INJI	JRY OCCURRED	20e. PLAI	CE OF INJURY (Home, form	, 20f. (City o		(Cour	YES [	ORMED? NO (State)
19		at work							
that I attended the ctoper 23	f) 19.57		death	occurred at 10:1	5M, from ADDRESS (Stre	the causes an set, city or town, st	id on the	date stat	
	MARY  6. COLOR OR RACE  White  HON (Give kind of work orking life, even if retires wife)  WER IN U. S. ARMED FOI  Iff yes, give wor or dates of  EATH (Enter only one of EATH WAS CAUSED BY:  IMMEDIATE CAUSE (I)  ONLY, which immediate cause (I)  OTHER SIGNIFICANT CON  WAS UNDERLYING THE CONTROL OF THE CONTR	PITAL (If not in hospital, give street od ington County Hospital (If not in hospital, give street od ington County Hospital (If not in hospital, give street od ington County Hospital (If of the ington County Hospital (If of the ington County If o	PITAL (If not in hospitol, give street oddress)  Ington County Hospital  First Middle  MARY IADIA  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   NOT N	PITAL (If not in hospitol, give street oddress)  Ington County Hospital  First Middle  MARY IYDIA WOC  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B White WIDOWED DIVORCED DIVORCES (a) Intestional obouting life, even if retired)  EATH [Enfer only one cause per line far (a), (b), and (c).]  EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestional obout 10 decents of territory divorced D	PITAL (If not in hospital, give street oddress)  Ington County Hospital  First  Middle  Lost  MARY  LYDIA  MOCDYATT    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH    White   WIDOWED   DIVORCED   November 30,  TION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote orking life, even if refired)  Wife   Nevago,    14. MOTHER'S MAIDEN P.  LEATH   Enter only one cause per line far (0), (b), and (c).]  EATH   WAS CAUSED BY:   Intestional obstruction  DUE TO  Only, which   (b)   Adenocarcinoma ovary with mediate give under:   (c)    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in try medical Examiner)  LEATH   Doy, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   10   10    LEATH   WAS UNDERLYING   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57   19   57	Hagerstown   Hospital   Hagerstown   Hager	Thour   Hagerstown   Hagersto	Hagerstown   Hour   Hagerstown   Street   Hagerstown   Hagerstown   Hospital   Street   Address   Street   Hospital   Hospital   Street   Hospital   Street   Hospital   Hospital   Street   Hospital   Ho	PITAL (If not in hospitol, give street oddress)   A STREET ADDRESS   STREET ADDRESS   A

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 ed in by the funeral director, I and 2 shauld be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, per shauld be detached for use as the burial-transit permit. Then please remove carbon papers. The sistrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

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